

<b>Case Number:</b>	CM14-0048266		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 37-year-old male who injured the right knee in a January 11, 2013, work-related accident. Records available for review document that, following a course of conservative care, the claimant underwent a May 23, 2013, arthroscopic anterior cruciate ligament reconstruction with allograft, medial and lateral meniscectomy, and debridement. Due to continued complaints of pain, a post-operative MRI scan was performed on September 19, 2013, that showed the anterior cruciate reconstruction to be intact with post-surgical changes noted. There was no indication of re-tearing to the meniscus with a signal change and degeneration documented medially. A follow-up report dated February 14, 2014, show no objective findings to the claimant's knee. Based on failed conservative care post-operatively, this request is for a repeat right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right knee arthroscopic debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines knee and leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates, knee procedure, Chondroplasty.

**Decision rationale:** Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, knee arthroscopy and debridement would not be indicated. The claimant's recent imaging does not demonstrate evidence of internal derangement that would indicate the acute need for arthroscopy. The reviewed records also do not document a surgical lesion present on imaging that would support the role of operative intervention. According to ACOEM, surgical arthroscopy for the purpose of debridement has been shown to have less than satisfactory outcome. Without documentation of formal objective findings or recent documentation of conservative care, the request for a repeat knee arthroscopy based on this claimant's recent MRI scan findings would not be indicated and is therefore not medically necessary.