

Case Number:	CM14-0056020		
Date Assigned:	07/07/2014	Date of Injury:	09/03/1998
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 66-year-old male who reported an injury on 09/03/1998. The injured worker was evaluated on 03/21/2014. It was documented that the patient had continued knee complaints. Physical findings included mildly positive McMurray's test and slightly reduced range of motion. The injured worker's diagnoses included cervical spondylosis without myelopathy and other internal derangement of the knee. The injured worker's treatment plan included a knee injection and knee arthroscopy. The injured worker was again evaluated on 04/09/2013. It was noted that the previous injection provided some relief; however, the pain had returned. It was also noted that the surgical intervention requested was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary, Indications for Surgery - Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The requested right knee arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the knee when there are clear physical findings supported by an imaging study of a lesion that would benefit from surgical intervention that has failed to respond to conservative treatment. The clinical documentation submitted for review did not clearly identify a treatment history of the patient's injury. Therefore, there is no way to determine if the patient has failed conservative treatments. Additionally, there is no imaging study to support pathology that would benefit from surgical intervention. The clinical documentation submitted for review does indicate mild limitations related to pain; however, there is no documentation of significant functional deficits that would benefit from surgical intervention at this time. Furthermore, the request as it is submitted does not specifically identify what type of surgical intervention would benefit this injured worker. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested arthroscopy of the right knee is not medically necessary or appropriate.