MAXIMUS Federal Services

Case Number:	CM14-0072562		
Date Assigned:	07/16/2014	Date of Injury:	06/25/1998
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/19/2014

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 50-year-old, gentleman who was injured on 06/25/1998. The clinical records provided for review in this case are specific to the claimant's right knee. The records document that the claimant has undergone arthroscopy of the knee on three prior occasions. The progress report of 05/01/14 noted that the claimant had also undergone right knee arthroscopic ACL reconstruction more than ten years ago. The progress report noted pain with physical examination findings of flexion of 130 degrees, medial joint line tenderness, and catching. Plain film radiographs showed moderate degenerative arthritis of the knee both medially and to the patellofemoral joint. Specific recent conservative care was not noted and the medical records did not include any imaging reports. This review is for knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee arthroscopy, surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: Based on California ACOEM Guidelines, the request for knee arthroscopy for purpose of debridement would not be indicated. The records in this case fail to demonstrate any imaging reports that would identify internal derangement or clinical anatomic findings that would be support the need for an arthroscopic procedure. This individual has already had three prior arthroscopic surgeries, including prior ACL reconstruction. The ACOEM Guidelines in the setting of , recommend that arthroscopy has limited clinical merit. Given the claimant's advanced underlying arthrosis as identified on radiographs, the request for knee arthroscopy in the setting of advanced degenerative arthritis would not be supported.