

<b>Case Number:</b>	CM14-0075422		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Surgery and is licensed to practice in Texas and Colorado. 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 50-year-old male who reported an injury on 07/25/2006. The mechanism of injury was not provided. On 04/07/2014, the injured worker presented with moderate pain in the bilateral knees and difficulty with weightbearing. Past surgeries included cervical spine surgery, left shoulder surgery, right knee surgery, and lumbar spine surgery. Upon examination of the right knee, there was tenderness to palpation over the medial meniscus of the right knee. The range of motion was 90 degrees of flexion to the right and 0 degrees of extension to the right, positive McMurray's with internal rotation on the right with locking, clicking, and giving way. There 5-/5 strength in the knee extensors on L4. The diagnoses were right knee osteoarthritis/degenerative disc disease, and right knee internal derangement. Prior therapy included surgery and medications. The provider recommended a right knee diagnostic arthroscopy. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee diagnostic arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, Diagnostic Arthroscopy.

**Decision rationale:** The request for right knee diagnostic arthroscopy is not medically necessary. The Official Disability Guidelines recommend a diagnostic arthroscopy as indicated in injured workers who fail to respond to conservative care, pain and functional limitations continue despite conservative treatment and imaging studies that are inconclusive. For injured workers with osteoarthritis, the value of MRI for precise grading of the cartilage is limited when compared to diagnostic arthroscopies. When assessment of cartilage is crucial for definitive decision regarding therapeutic options in injured workers with osteoarthritis, arthroscopy should not generally be replaced by an MRI. The diagnostic values of MRI grading, using arthroscopy, is referenced or calculated for each grade of cartilage damage. There was a lack of documentation that the injured worker had failed a course of conservative treatment to include medication and physical therapy. There was a lack of documentation of previous imaging studies that were performed. As such, medical necessity has not been established.