

Case Number:	CM14-0077554		
Date Assigned:	07/18/2014	Date of Injury:	10/25/2011
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 59-year-old male who reported an injury on 10/25/2011. The mechanism of injury was not stated. Current diagnoses include torn medial meniscus, chondromalacia in the left knee, osteoarthritis in the left knee, and status post right total knee replacement. The injured worker was evaluated on 05/09/2014. Physical examination revealed positive McMurray's testing with 10 to 120 degrees range of motion of the left knee. Treatment recommendations at that time included a left knee arthroscopy with chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Arthroscopy with Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Surgical Considerations. Decision based on Non-MTUS Citation ODG: Knee and Leg Chapter: Indications for Surgery, Online Version.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. As per the

documentation submitted, the injured worker's physical examination only revealed positive McMurray's sign and 10 to 120 degrees range of motion. There was no mention of an exhaustion of conservative treatment. There were no imaging studies provided for this review. Based on the clinical information received, the request is not medically necessary.