

Case Number:	CM14-0081835		
Date Assigned:	07/25/2014	Date of Injury:	01/05/2010
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/03/2014

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 54-year-old gentleman with an injury date on 01/05/10. Clinical records provided for review specific to his left knee include a 04/09/14 progress report describing continued complaints of pain. The report documents that the claimant had an MRI scan in 2012 revealing arthritis, loose bodies and meniscal pathology. Dating back to 2012, surgical arthroscopy had been recommended, but not performed. Physical examination on the 04/09/14 report showed restricted range of motion at end points, range of motion of 2 to 100 degrees, and a positive McMurray's test. The claimant was diagnosed with degenerative arthritis of the knee with meniscal pathology. There is unfortunately no documentation of updated imaging reports. Recent documentation of conservative care is not noted. Based on continued complaints, operative intervention has been recommended in the form of a knee arthroscopy and meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, left knee arthroscopy is not recommended as medically necessary. There is no documentation of recent imaging and the prior imaging demonstrates degenerative arthritis to the knee with loose bodies and meniscal pathology; the formal report was not provided in the medical records for review. The claimant's clinical picture according to the documentation is consistent with underlying degenerative arthritis. Without documentation of acute clinical correlation between examination findings and imaging demonstrating meniscal pathology, operative process would not be indicated. California MTUS ACOEM Guidelines indicate that surgical arthroscopy in the setting of degenerative arthritis yields less than satisfactory outcomes. Procedure would not be supported as medically necessary.