

Case Number:	CM14-0093441		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2009
Decision Date:	09/09/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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:

This is a 41-year-old female who sustained a vocational injury on 10/01/09. There are no formal office notes presented for review. The previous utilization review determination on 05/29/14 noted that the claimant had ongoing right knee pain with mechanical symptoms. The exam showed a stiff gait, an overweight claimant, tenderness at the patellar facet and medial lateral joint line, positive McMurray's and range of motion noted to be 0 to 125 degrees. The utilization review determination denied arthroscopic surgery due to the fact that there were no diagnostic studies confirming pathology which may be amendable to surgical intervention. The report of an X-ray of the right knee dated 06/26/14 showed no radiographic evidence of fracture or dislocation. The report of an MRI of the right knee without contrast from 06/26/14 showed mild degenerative changes of the medial and lateral menisci with a small amount of joint effusion. This review is for right knee arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s) : 346-347; Table 13-6.

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

Decision rationale: The California ACOEM Guidelines suggest that prior to considering surgical intervention, there should be documentation of a failure of exercise program which contains range of motion and strength and musculature around the knee. Documentation should also suggest there is activity limitation for more than one month. Currently there is no documentation suggesting the claimant has recent subjective complaints, abnormal physical exam and objective findings or decrease in ADLs, functional activities or vocational activities. Documentation also fails to establish that there has been an attempted, failed and exhausted conservative treatment approach prior to considering recommending surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS Guidelines, the request for the right knee arthroscopic surgery cannot be considered medically necessary.