

<b>Case Number:</b>	CM14-0121364		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 60 year old female with a 1/6/09 injury date. The mechanism of injury was described as tripping over a box and injuring her right knee. There were multiple clinical documents available that were either handwritten and very brief or nearly two years old. In a 1/23/14 note, the patient complained of right knee pain and difficulty sleeping. No relevant objective findings were recorded. In a 6/24/14 note, objective findings included intact sensation. There was no available imaging report or discussion of an imaging report. Diagnostic impression: right knee chondromalacia. Treatment to date: physical therapy. A UR decision on 7/10/14 denied the request for right knee arthroscopy because there was "lack of exam."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter--Diagnostic arthroscopy

**Decision rationale:** CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. However, there was not enough relevant documentation to support the request. It was unclear exactly what the right knee diagnosis was and what internal condition the arthroscopy would be treating. There was no comprehensive physical exam of the right knee or summarization of relevant conservative treatment methods. There was no summarization or discussion of relevant imaging reports. Therefore, the request for arthroscopy right knee is not medically necessary.