

<b>Case Number:</b>	CM14-0218838		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 54 year old female who sustained a work related injury to her left knee while descending stairs on May 13, 2011. The injured worker is diagnosed with patellofemoral mal-alignment. The injured worker underwent arthroscopy of the left knee on September 16, 2014 for subcutaneous lateral release, patelloplasty, partial medial meniscectomy, partial synovectomy, arthrotomy of the left knee with medial capsular reconstruction and removal of loose bodies with intra-articular injection. Postoperatively, the injured worker was treated with physical therapy. On December 4, 2014 the physical examination revealed a painful suture granuloma about the medial aspect of her left knee. Current medications consist of Norco, cyclobenzaprine, Diclofenac Sodium ER, Tramadol HCL ER and Pantoprazole ER. Recommendations included a granuloma removal. Postoperative durable medical equipment and physical therapy was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left knee excision of suture Granuloma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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

**Decision rationale:** The California MTUS/ACOEM 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. The x-rays obtained in the office indicated no evidence of degenerative changes. There is no documentation of intra-articular findings. It is unclear as to why this injured worker could not be treated topically in the office setting with localized removal and antibiotic management. As the medical necessity has not been established in this case, the request is not medically appropriate.