

Case Number:	CM15-0007053		
Date Assigned:	01/22/2015	Date of Injury:	02/25/2005
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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 59-year-old male who reported an injury on 02/25/2005. The mechanism of injury was unspecified. His relevant diagnoses included a left shoulder rotator cuff tear, partial SLAP tear, lumbar herniated nucleus pulposus, and right knee meniscal tear. His past treatments included physical therapy. A right knee diagnostic study was not provided for review. On 12/12/2014, the injured worker complained of bilateral shoulder, arm, and hand radiculopathy and pain. The injured worker also complained of lumbar spine pain and increased right knee pain. The physical examination of the right knee revealed bilateral tenderness to palpation over the medial and lateral joint lines, and +1 effusion. Relevant medications were not provided for review. The treatment plan included a right knee arthroscopy surgery as an outpatient. A rationale was not provided. A Request for Authorization Form was submitted on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Surgery as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for right knee arthroscopy surgery as outpatient is not medically necessary. According to the California MTUS/ACOEM Guidelines, surgical consideration for patients with knee complaints include: activity limitation for more than 1 month and failure in an exercise program to increase range of motion and strength of the musculature around the knee. The injured worker was indicated to have right knee complaints with tenderness to palpation over the lateral joint line with 1+ effusion. However, there was a lack of documentation to indicate the injured worker had activity limitation for more than 1 month and had failed in an exercise program to increase the right knee range of motion and strength of the musculature. In the absence of the above, the request is not supported by the evidence based guidelines. As such, is not medically necessary.