

Case Number:	CM15-0102273		
Date Assigned:	06/04/2015	Date of Injury:	12/01/2011
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old female, who sustained an industrial injury on 12/1/11. The injured worker was diagnosed as having chronic bilateral knee sprain/strain, bilateral knee patellar tendinitis, history of left knee internal derangement, and rule out right knee internal derangement. Treatment to date has included a right knee injection, arthroscopic subtotal lateral meniscectomy of the left knee on 9/12/12, physical therapy, TENS, and medication. Physical examination findings on 4/20/15 included full range of motion of the knee and no joint line tenderness. No ligamentous instability, no effusion, and no patellofemoral pain. No popliteal fossa tenderness, no calf pain, and no edema were also noted. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for a right knee diagnostic arthroscopy. The treating physician noted a MRI did not indicate a significant abnormality however, the injured worker had not responded to Cortisone injections or significant therapy. Therefore, the only other option was for a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of diagnostic knee arthroscopy. Per ODG knee, the criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT) AND; 2. Subjective clinical findings. 3. Imaging findings are equivocal In this case, MRI has no equivocal findings, as they are all normal interpretations, and clinical findings on the exam of 4/20/15 are essentially normal, therefore, the request is not medically necessary.