

Case Number:	CM15-0081695		
Date Assigned:	05/04/2015	Date of Injury:	10/05/2012
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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 53 year old female, who sustained an industrial/work injury on 10/5/12. She reported initial complaints of right knee pain. The injured worker was diagnosed as having other synovitis and tenosynovitis, unspecified crystal arthropathy involving lower leg, pain in joint involving lower leg, and rule out infectious or inflammatory arthritis. Treatment to date has included medication, diagnostics, surgery (right knee arthroscopic partial medial meniscectomy on 2/5/13 and 7/3/14 and arthroscopy of right knee with culturing, synovial biopsy, debridement, and irrigation on 10/9/14). Currently, the injured worker complains of right knee pain with use of brace. Per the primary physician's progress report (PR-2) on 2/5/15, examination revealed right knee swelling and warmth, tenderness to palpation, range of motion is 0-85 degrees, and ambulation is with a marked limp. Diagnosis is persistent effusion, right knee, and rule out occult infection. The requested treatments include arthroscopy right knee synovial biopsy for histopathology gram stain, aerobic and anaerobic culture, fungal culture, AFB culture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy right knee synovial biopsy for histopathology gram stain, aerobic and an aerobic culture, fungal culture, AFB culture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Diagnostic arthroscopy; Chapter: Infectious Diseases; Bone & joint infections: septic arthritis (native joint).

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. In this case, the lack of exploration of the underlying possible inflammatory/infectious process via arthrocentesis is considered not to be in keeping with the next step in appropriate conservative care. Therefore the request is not medically necessary.