

Case Number:	CM15-0084167		
Date Assigned:	05/06/2015	Date of Injury:	07/05/2005
Decision Date:	06/04/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 68-year-old female, with a reported date of injury of 07/05/2005. The diagnoses include right knee sprain with possible internal derangement. Treatments to date have oral medications. The progress report dated 03/26/2015 indicates that the injured worker complained of right knee popping, catching, locking, and give way. It was noted that the pain interfered with her sleep. The objective findings include decreased right knee range of motion, instability and positive give way sensation. The treating physician requested right knee arthroscopy. On 04/01/2015, Utilization Review (UR) denied the request for right knee arthroscopy. The UR physician noted that there was no documentation of the injured worker having exhausted an appropriate course of conservative treatment prior to considering the need for arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee 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. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings, therefore the request is not medically necessary.