

Case Number:	CM14-0115228		
Date Assigned:	09/18/2014	Date of Injury:	05/19/2008
Decision Date:	10/16/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 73-year-old gentleman who sustained an injury to his left knee in work-related accident on 05/19/08. The medical records provided for review document that the claimant has treated conservatively for his knee injury. The clinical report dated 5/20/14 documents a diagnosis of patellofemoral pain syndrome and internal derangement. It was noted that the claimant was unable to have an MRI due to pacemaker placement. Objectively, on examination there was a positive McMurray's testing, full range of motion, and a varus deformity with medial joint line tenderness. There was no documentation of results from plain film radiographs. There is documentation that the claimant underwent a previous CT scan that showed fraying of patellar cartilage in the medial femoral condyle but no definitive diagnosis of meniscal pathology. Based on failed conservative care, the recommendation was made for a diagnostic arthroscopy and meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Arthroscopy/Surgery Left Knee Arthroscopy and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee

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

Decision rationale: Based on the California ACOEM Guidelines, the request for left knee arthroscopy and debridement cannot be supported. While it is noted that this individual is unable to have an MRI scan, there is currently no indication of clinical findings supportive of need for operative arthroscopy. Operative arthroscopy is contraindicated in the setting of advanced the generative joint disease. This individual's physical examination gives evidence of a varus deformity, and indication of advanced medial compartment arthritis. Although there is no MRI scan for review, there is also no evidence of radiographs available for review. Without better understanding of the claimant's joint space preservation and staging of osteoarthritis with weight-bearing radiographs, there would be no acute indication for left knee arthroscopy and debridement in this claimant who was injured six years ago. Therefor the request is not medically necessary.