

Case Number:	CM14-0143169		
Date Assigned:	09/10/2014	Date of Injury:	04/18/2007
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 58-year-old male who reported an injury on 04/18/2007. The mechanism of injury was the injured worker was doing light cleaning work and working within his restrictions. The chair the injured worker was sitting on broke in the lunchroom, but he avoided falling to the ground. The injured worker was hanging on the table and developed pain in his low back, legs, and neck. The diagnosis included left knee internal derangement and prior left knee surgery. The injured worker underwent epidural steroid injections. Prior treatments and studies included MRIs and therapy. The injured worker was noted to be complaining of upper and lower back pain, neck pain, bilateral shoulder pain, and left knee pain. The injured worker had right mid anterior thigh, right mid lateral calf, and lateral ankle sensation that was intact. The diagnoses included cervical spine disc bulges, thoracic spine and lumbar spine strain, probable right shoulder internal derangement, probable left shoulder internal derangement, prior left knee surgery, and left knee internal derangement. There was a request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapters

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a surgical consultation may be appropriate for injured workers who have activity limitations for more than 1 month and the failure of an exercise program to increase the range of motion and strength of the musculature around the knee. There was a lack of documentation of the above criteria. Additionally, the request as submitted was for a left knee arthroscopy without documentation of the specific procedure being requested. There was a lack of documentation of objective findings upon physical examination to support a necessity for a left knee arthroscopy. There was a lack of documentation indicating the injured worker had a failure of conservative care. There was no MRI submitted to support the necessity for surgical intervention. Given the above, the request for a left knee arthroscopy is not medically necessary.