

Case Number:	CM14-0162953		
Date Assigned:	10/08/2014	Date of Injury:	11/29/2013
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 39 year old female who sustained an injury to her right knee on 11/29/13. The clinical imaging report provided for review is an MR arthrogram of the right knee dated 06/05/14 that showed a normal examination with no evidence of meniscal pathology or internal derangement. The follow up report on 09/09/14 describes continued right knee complaints despite physical therapy. Physical examination findings were not documented in the report. The recommendation was made for 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 arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic Arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California ACOEM Guidelines, the request for right knee arthroscopy is not recommended as medically necessary. The diagnostic imaging report does not identify any clinical findings or pathology that would support the need for surgery. Based on the

negative arthrogram and no documentation of formal clinical examination findings, there would be no direct clinical indication for a knee arthroscopy at this stage in the claimant's course of care. Specific request in this individual would not be indicated.