

Case Number:	CM15-0010194		
Date Assigned:	01/27/2015	Date of Injury:	12/11/2012
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: Illinois, California, Texas
 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 44 year old male who sustained an industrial injury on December 11, 2012. He was diagnosed with left lateral tibial plateau fracture, and was status post arthroscopic partial medial meniscectomy and patellofemoral chondroplasty on 5/3/13. X-rays on 9/3/14 showed questionable possible depression to the posterior lateral tibial plateau, some medial compartment narrowing, and subchondral sclerosis. The 9/15/14 left knee CT scan was reported as unremarkable but findings documented a suggestion of a possible articular disruption. The 11/14/14 treating physician report cited constant left knee pain, occasional swelling, and an episode of buckling. Physical exam documented tenderness over posterior medial corner of the left knee, positive McMurray's, no instability, and improving muscle mass. Range of motion was -4 to 130 degrees. Treatment to date has included surgery, medications, and extensive therapy. The 12/2/14 physical therapy report documented persistent pain and popping with continued functional difficulty in walking, squatting, running, biking, climbing, prolonged standing, and household chores. A diagnostic arthroscopy was requested. On December 16, 2014 Utilization Review non certified Diagnostic arthroscopy Left knee as recent CT scan findings were not available, citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Arthroscopy Left Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Knee and Leg: Diagnostic arthroscopy

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The ODG recommend diagnostic arthroscopy when criteria are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and inconclusive imaging. Guideline criteria have been met. This patient presents with persistent pain, mechanical symptoms and functional limitations despite conservative treatment, including medications and extensive physical therapy. Recent CT scan findings are now available and inconclusive. Therefore, this request for diagnostic arthroscopy is medically necessary at this time.