

Case Number:	CM15-0110953		
Date Assigned:	06/17/2015	Date of Injury:	10/28/2009
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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 55 year old female who sustained an industrial injury on October 28, 2009. She has reported lumbar spine pain which radiates to the legs, right greater than left and has been diagnosed with lumbar spine L4, L5, and S1 radiculopathy, positive EMG, secondary to retrolisthesis of L5 over S1, positive MRI, right knee strain/sprain, status post arthroscopy, degenerative joint disease, and right knee internal derangement, status post scope. Treatment has included medications. Lumbar range of motion showed flexion at 40 degrees, extension at 10 degrees and bending at 25 degrees, bilaterally. There was a positive straight leg raise at 70 degrees on the right and cross positive 85 degrees on the left. There was tenderness to palpation along the lumbar paraspinal musculature with paraspinal spasm and tightness. There was facet joint tenderness at L4, and L5 levels, bilaterally. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at S1 dermatome level, bilaterally. The treatment request included a right knee arthroscopy, initial consultation, and EKG.

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.

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 are equivocal. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings on the MRI of 3/13/15. The MRI evidence degenerative changes only. Therefore, the request is not medically necessary.

Initial consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.