

Case Number:	CM14-0154179		
Date Assigned:	09/23/2014	Date of Injury:	10/12/2011
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 Sports Medicine and is licensed to practice in Arkansas and 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 42-year-old male who reported an injury on 10/12/2011. The injured worker reportedly slipped while exiting his truck. The current diagnoses include primary localized osteoarthritis of the lower leg and chondromalacia of the patella. The injured worker was evaluated on 08/11/2014 with complaints of moderate knee pain. Previous conservative treatment is noted to include bracing and injections. The current medication regimen includes Norco, Colace, and Oxycodone. Physical examination revealed moderate tenderness in the left knee, moderate to large joint effusion, diminished motor strength, muscle atrophy, and 0 to 125 degree range of motion, with positive McMurray's testing and patellar grind testing. Treatment recommendations at that time included a diagnostic arthroscopy of the left knee. A Request for Authorization was submitted on 08/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic 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 (ODG) -Knee and Leg (Acute & Chronic)

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. There is no documentation of an exhaustion of conservative treatment to include physical modalities. There were no x-rays or imaging studies provided for review. Based on the clinical information received, the request is not medically appropriate at this time.