

<b>Case Number:</b>	CM13-0006151		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Arizona. 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:

This is a 35-year-old male who was unloading trash bags when he twisted his right knee. The patient complains of persistent medial joint line pain and tenderness. A knee exam revealed range of motion of the knee 0 to 130 degrees, there is a small effusion, no instability, and normal strength. There is tenderness along the medial joint line and the McMurray test is negative. There are findings consistent with a medial collateral ligament tear. The MRI shows a medial collateral ligament strain plus a tiny incomplete meniscal capsular tear. The patient has been tried on physical therapy, activity modification, and medication without relief of symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT RIGHT KNEE ARTHROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-360.

**Decision rationale:** This patient has nonspecific symptoms of medial joint line pain, at best an equivocal McMurray test, a minor effusion and an MRI scan that reveals only a tiny meniscal ligamentous injury. In addition, he does have evidence of a medial collateral ligament strain

which actually fits his symptom pattern better than a meniscal tear. The meniscal tear appears to be an incidental finding. The MRI does not show a significant tear and, relying on this imaging study, is causing diagnostic confusion. The medical necessity of arthroscopic surgery has not been established. Therefore, the requested right knee arthroscopy is not medically necessary or appropriate.

**KNEE ARTHROSCOPY/SURGERY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL WITH REMOVAL OF LOOSE OR FOREIGN BODY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** ARTHROSCOPY OF KNEE, SURGICAL WITH REMOVAL OF LOOSE OR FOREIGN BODY

**ARTHROSCOPY OF KNEE, SURGICAL, WITH LIMITED SYNOVECTOMY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL, WITH SHAVING OF ARTICULAR CARTILAGE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL, WITH DRILLING OR MICROFRACTURE:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE SURGICAL, WITH MENISCECTOMY MEDIAL AND LATERAL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL, WITH MENISCECTOMY MEDIAL OR LATERAL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL, WITH MENISCUS REPAIR, MEDIAL OR LATERAL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY OF KNEE, SURGICAL, WITH MENISCUS REPAIR, MEDIAL OR LATERAL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ARTHROSCOPY, UNLISTED PROCEDURE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST OPERATIVE PHYSICAL THERAPY (TWO TIMES PER WEEK FOR SIX WEEKS):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**CRUTCHES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**GAME READY WITH WRAP (7 DAY RENTAL):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.