

<b>Case Number:</b>	CM13-0010626		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 64-year-old man who was injured in a work-related accident on June 12, 2012 when he lost his footing on a trailer. He was initially diagnosed with a left knee injury as well as low back complaints. Recent clinical records for review include an operative report dated October 9, 2013 indicating that the claimant underwent surgical arthroscopy to the right knee with Grade IV degenerative changes seen about the lateral femoral and lateral tibial condyle and Grade III changes to the trochlear groove and patella. Previous to this assessment was a September 27, 2013 clinical assessment with [REDACTED] where he noted that the claimant has a diagnosis of osteoarthritis to the bilateral knees. Specific treatment at that time was focused on the right knee with no documentation of examination to the left knee noted other than an antalgic guarded gait. Clinical imaging with regard to the left knee available for review dated January 14, 2013 and an MRI scan shows chondral thinning and fissuring with patellofemoral compartment, subchondral bone edema, and sclerosis with a small joint effusion and no indication of meniscal pathology. Further imaging, documentation of treatment or current physical examination findings with regard to the claimant's left knee is not noted. At present, there is a request for a left knee arthroscopic intervention to include a partial meniscectomy and chondroplasty, twelve sessions of post-operative physical therapy, and Zofran for post-operative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Left Knee Arthroscopy with Partial Meniscectomy and Chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Knee and Leg (Acute and Chronic) chapter, Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** Based on California ACOEM Guidelines, the role of the surgical process in this case would not be supported. The claimant's clinical imaging available for review demonstrates advanced underlying osteoarthritic change with no indication of acute meniscal pathology. The specific request for surgical intervention to include meniscectomy and chondroplasty would not be supported. Guideline criteria clearly indicate that the role of operative intervention for patients with underlying advanced degenerative osteoarthritis yield significant diminished benefit. The request in this case would not be supported.

**12 Post-Operative Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Zofran 8mg 20 tablets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Pain (Chronic) chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea).

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