

<b>Case Number:</b>	CM13-0012349		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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:

Records for review indicate an injury to the right knee. Clinical follow up of 09/18/13 with treating physician, [REDACTED], indicating ongoing complaints of pain about the right knee as well as intermittent low back and buttock pain with radiating bilateral leg pain. Specific to the right knee, physical examination documented 0 to 115 degrees of range of motion with positive patellar crepitation and tenderness over the lateral joint line, a normal contour with no gross atrophy and no effusion. MR arthrogram report of the right knee from 08/12/13 demonstrated no discrete meniscal pathology with grade 3-4 changes about the medial patella facet, medial trochlear groove and at least grade 2 changes to the weightbearing surface of the medial femoral condyle. Based on failed conservative care, surgical arthroscopy in the form of meniscectomy versus repair chondroplasty with drilling and a lateral retinacular release with preoperative testing was recommended. Recent conservative measures were not documented

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A repair or meniscectomy, chondroplasty with drilling and lateral release and preoperative testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Based on California ACOEM Guidelines, the role of surgical intervention to include a meniscectomy with lateral retinacular release and chondroplasty would not be supported. The claimant's clinical presentation does not indicate any degree of patellar subluxation, nor would it recommend the role of a surgical intervention to the claimant's patella given current clinical findings. Also, in this case, recent MR arthrogram fails to demonstrate any degree of meniscal tearing, which also would not be indicated in light of the claimant's advanced degenerative arthrosis to the patella and the trochlear groove. The surgical process based on the claimant's recent imaging findings would not be supported. This would also negate per Official Disability Guidelines criteria, the role of preoperative testing and assessment.

**Post-operative physical therapy (12 sessions):** 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.