

<b>Case Number:</b>	CM13-0024383		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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:

According to the records made available for review, this is a 42-year-old female with a 8/21/12 date of injury. At the time of request for authorization for left knee Arthroscopy with repair of internal derangement, post-operative DME, post-operative medications, and post-operative physical therapy, there is documentation of subjective (persistent pain in the left knee) and objective (tenderness over the medial joint line anteriorly, positive patellar compression test, minimal swelling, and positive McMurray's sign, and pain and crepitus with terminal flexion) findings, imaging findings (MRI of the left knee (10/1/12) revealed chondromalacia patella, joint effusion, and an inconclusive grade III tear or grade II obliquely-oriented signal traversing the posterior horn of the medial meniscus), current diagnoses (status post left knee surgery on 8/26/11 with chondromalacia patellae and probable re-tear of the medial meniscus), and treatment to date (steroid injection, physical therapy, knee brace, and medication). 8/2/13 medical report plan indicates the patient can continue working full duty. There is no documentation of additional subjective findings (functional limitations continue despite conservative care).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A left knee arthroscopy with repair of internal derangement: 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 & Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345 and Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Knee Chapter, Diagnostic arthroscopy.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of activity limitation for more than one month, failure of exercise programs to increase the range of motion and strength of the musculature around the knee, objective findings (locking, popping, giving way, recurrent effusion or instability), and imaging findings, as criteria necessary to support the medical necessity of knee arthroscopy. ODG identifies documentation of conservative care: medications OR physical therapy. PLUS subjective findings: pain and functional limitations continue despite conservative care. PLUS imaging findings: imaging is inconclusive, as additional criteria necessary to support the medical necessity of diagnostic knee arthroscopy. Within the medical information available for review, there is documentation of diagnoses of status post left knee surgery on 8/26/11 with chondromalacia patellae and probable re-tear of the medial meniscus. In addition, there is documentation of conservative care (medications and physical therapy), subjective findings (persistent left knee pain), objective findings (tenderness over the medial joint line anteriorly, positive patellar compression test, minimal swelling, and positive McMurray's sign, and pain and crepitus with terminal flexion) and imaging findings (inconclusive grade III tear or grade II obliquely-oriented signal traversing the posterior horn of the medial meniscus). However, given documentation of the 8/2/13 medical report plan indicating the patient can continue working full duty, there is no documentation of additional subjective findings (functional limitations continue despite conservative care). Therefore, based on guidelines and a review of the evidence, the request for left knee arthroscopy with repair of internal derangement is not medically necessary.

**Postoperative medical equipment:** 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 items/services are medically necessary.

**Postoperative medication:** 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 items/services are medically necessary.

**Postoperative physical therapy:** 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.