

<b>Case Number:</b>	CM13-0026659		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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:

A 61 year old female with industrial injury 3/1/13. Report of injury to left hip, thigh and low back. Exam 7/12/13 demonstrates report of persistent pain in left hip and left knee pain. Exam demonstrates medial joint line tenderness. Left knee MRI 6/4/11 demonstrates report of degenerative medial meniscus tear with small undersurface tear and chronic patellofemoral chondromalacia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

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

**Decision rationale:** The Physician Reviewer's decision rationale: Based upon the records reviewed there is insufficient evidence to support knee arthroscopy. There are no physical exam findings other than tenderness. There is no evidence of recent attempts at nonsurgical

management and a small degenerative tear. Therefore the determination is for non-certification as not medically necessary.

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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

**Decision rationale:** As the decision for the left knee arthroscopy is non-certified, the determination for preoperative EKG is also non-certified

**CX-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

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

**Decision rationale:** As the decision for the left knee arthroscopy is non-certified, the determination for preoperative CXR is also non-certified.

**UA chem. panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

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

**Decision rationale:** As the decision for the left knee arthroscopy is non-certified, the determination for UA chem panel is also non-certified.

**Post op physical therapy, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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

**Decision rationale:** As the decision for the left knee arthroscopy is non-certified, the determination for 12 visits of post operative physical therapy is also non-certified.