

<b>Case Number:</b>	CM13-0027876		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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, has a subspecialty in Reconstructive surgery, and is licensed to practice in Illinois, Texas and West Virginia. 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old male who reported a work-related injury on 12/11/2001, specific mechanism of injury not stated. The patient presents for treatment of chronic bilateral knee pain. The current request is for right knee arthroscopy and partial medial meniscectomy. The most recent imaging of the patient's right knee is dated from 08/30/2011 signed by [REDACTED], which revealed oblique undersurface tear along the posterior horn of the medial meniscus and a small Baker's cyst. The clinical note dated 10/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient has tried full conservative treatment measures for his knee complaints. The provider documents the patient has utilized bracing, physical therapy and anti-inflammatory medications. The provider documents the patient has utilized intra-articular knee injections. The provider documented mild to moderate antalgic gait pattern to the right knee, grossly neurologically intact distally and the patient had range of motion from 5 to 105 degrees with some pain in flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee arthroscopy and partial medial meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** The clinical documentation submitted for review failed to evidence exhaustion of recent conservative treatment for this patient. The clinical notes did not evidence the patient's medication regimen, or when supervised therapeutic interventions were last implemented and frequency and duration of treatment. Additionally, the clinical notes documented the patient had a history of prior arthroscopic surgery to the right knee, it is unclear when this was performed. Furthermore, the imaging of the patient's right knee is dated from over 2 years ago. More current imaging study of the patient's right knee to assess moderation of pathology would be indicated. As the Knee Complaints Chapter of the ACOEM Practice Guidelines indicates, a referral for surgical consultation may be indicated for patients who have failure of exercise programs to increase range of motion and strength of the musculature around the knee. The records are unclear about when the patient last attempted utilization of a supervised therapeutic intervention program. The request for one right knee arthroscopy and partial medial meniscectomy is not medically necessary or appropriate.