

<b>Case Number:</b>	CM13-0028428		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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, New Jersey, and Pennsylvania. 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:

The claimant is a 51-year-old gentleman who was injured in a work related accident on August 12, 2011. The records in this case specific to his right knee includes a progress report of August 29, 2013 with [REDACTED], orthopedic surgeon, stating the claimant is status post a June 20, 2013 left total knee arthroplasty. Records in regards to his right knee were not noted on that date. November 13, 2013 assessment with [REDACTED] indicates the claimant is following up from a November 5, 2013 right knee arthroscopy with partial meniscectomy and debridement. His preoperative diagnosis for the procedure was that of "arthritis with medial meniscal tearing". He was noted to have significant arthritic findings at time of surgical process. The treatment recommendation at that time was for a course of physical therapy and continued activity restrictions. Preoperative assessment fails to demonstrate significant imaging for review. The claimant's operative report demonstrates the claimant was with a preoperative diagnosis of arthritis with a significant amount of medial femoral condylar change noted at time of procedure with several loose bodies. Changes to the condyle were noted to be grade IV in nature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Knee Arthroscopic Meniscectomy with Chondroplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Evaluation and

Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, Pages 116, 341-242 and the Official Disabi

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

**Decision rationale:** Based on California ACOEM Guidelines, surgery in regards to the claimant's right knee would not have been supported. The claimant was with a preoperative diagnosis of "arthritis". Meniscectomy in the setting of advanced degenerative arthritis is not supported by Guideline criteria which clearly indicate a significant risk for adverse outcome from the procedure in general. Given the claimant's underlying diagnosis of advanced arthrosis with endstage findings noted at time of procedure, the role of the operative procedure would not have been supported.

**Electrocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online website medicine.medscape, Article/285191.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 127, Independent Medical Exams and Consultations and the Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013

**Decision rationale:** In this case the requested surgical intervention was not found to be medically necessary and as such the request for preoperative clearance would not be medically necessary. Guidelines would not allow for preoperative testing without documentation of specific clinical indicators.

**Complete Blood Count (CBC):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online website medicine.medscape, Article/285191.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 127, Independent Medical Exams and Consultations and the Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2

**Decision rationale:** In this case the requested surgical intervention was not found to be medically necessary and as such the request for preoperative clearance would not be medically

necessary. Guidelines would not allow for preoperative testing without documentation of specific clinical indicators.

**Basic Metabolic Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 127, Independent Medical Exams and Consultations and the Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2

**Decision rationale:** In this case the requested surgical intervention was not found to be medically necessary and as such the request for preoperative clearance would not be medically necessary. Guidelines would not allow for preoperative testing without documentation of specific clinical indicators.