

<b>Case Number:</b>	CM13-0034317		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 53-year-old who was injured in a work related accident on February 15, 2012. Clinical records for review specific to the claimant's right knee included a September 3, 2013 progress report by [REDACTED] documenting complaints of pain in the right knee. [REDACTED] documented that the claimant received a Synvisc I injection in July of 201 that provided only temporary relief. The claimant continued to have mechanical symptoms. Physical exam showed painful patellofemoral articulation and tenderness with palpation, positive grind testing and tenderness over the medial joint line with 0 to 120 degrees range of motion. An MRI report of the right knee dated March 11, 2013 revealed advanced tricompartmental degenerative change with lateral patellofemoral chondromalacia. Based on failed conservative care, right knee arthroscopy, meniscectomy versus repair with possible debridement and a surgical assistant was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE DIAGNOSTIC/OPERATIVE ARTHROSCOPIC MENISCECTOMY VS REPAIR WITH POSSIBLE DEBRIDEMENT AND/OR CHONDROPLASTY WITH ASSISTANT SURGEON:** Upheld

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

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

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the right knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty would not be indicated. The claimant's clinical imaging does not identify mechanical findings or meniscal pathology. The claimant has advanced tricompartmental degenerative change for which ACOEM Guidelines state that surgery would be of limited benefit. Given the claimant's current clinical picture and underlying arthrosis, the need for the operation in question would not be supported.

**PERI-OPERATIVE LEVAQUIN 75MG #20 FOR 10 DAYS (DVT PROPHYLAXIS AND ANTIBIOTICS):** 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.

**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.

**MEDICAL CLEARANCE:** 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.