

<b>Case Number:</b>	CM13-0034381		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	10/01/2013
<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 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:

The patient is a 62-year-old female who was injured in a work-related accident on 3/1/13; she sustained an injury to the knee. An MRI of the knee from June of 2011 demonstrated medial meniscal degeneration with undersurface tear and chronic patellofemoral chondromalacia. An 11/15/13 assessment with [REDACTED] indicated ongoing complaints of left knee and left hip pain. Objective findings showed the knee to have tenderness to the medial joint line, and a positive McMurray's sign. The diagnosis was a left knee medial meniscal tear. Recommendations were for a left knee arthroscopy, debridement, and partial meniscectomy. The claimant was also injected at that date to the trochanteric bursa for diagnosis of bursitis. Prior imaging is unavailable for review.

### 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): 344-345.

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

**Decision rationale:** Guideline criteria in regard to meniscectomy states that clear findings on an MRI would be beneficial before proceeding with arthroscopic intervention. The claimant's last imaging in this case is greater than three years old, and demonstrated only a degenerative process of the meniscus with normal tearing. While the claimant continues to be with positive subjective complaints, the absence of documentation of imaging to support the need for surgical process would fail to necessitate the proposed procedure. Therefore, the request is non-certified.

**postoperative physical therapy twice a week for six weeks:** 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.