

<b>Case Number:</b>	CM13-0038477		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 employee is a 37-year-old female who reported a work-related injury on 5/19/13. The employee has been diagnosed with industrial injury to the left knee, history of left knee arthroscopy in 2005, history of right knee arthroscopy in 2009, and lateral compartment arthrosis and patellofemoral compartment chondromalacia. The submitted records indicate the employee was seen on 11/12/13, at which time she reported persistent pain to the left knee with swelling, achiness, and giving way. Physical examination revealed tenderness to the patellofemoral articulation, positive patellofemoral crepitation, positive grind test, and pain with deep squat and well healed previous arthroscopic portals. Treatment recommendations included diagnostic and operative arthroscopy of the left knee and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee revision diagnostic/operative arthroscopic meniscectomy versus repair, possible debridement and/or chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for patients in which there is clear evidence of a meniscus tear, including symptoms other than simply locking, popping, giving-way, recurrent effusion, clear signs of a bucket handle tear on examination with tenderness over the suspected tear, and a lack of full passive flexion, and consistent findings on MRI. According to the employee's MRI of the left knee dated 9/9/13, there was no evidence of a meniscal or ligament tear. Arthroscopy and meniscus surgery may not be as beneficial for those patients who are exhibiting signs of degenerative changes. Per the submitted clinical notes, the employee underwent a left knee arthroscopy in 2005. A review of the submitted records does not reveal previous attempts at conservative therapy. Conservative treatment including exercise, physical therapy, and medications should be attempted prior to surgical intervention. Based on the submitted clinical information, the requested left knee revision diagnostic/operative arthroscopic meniscectomy versus repair, possible debridement and/or chondroplasty is not medically necessary and appropriate.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS), Physician Fee Schedule Search, CPT Code 27447

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary. Therefore, the requested assistant surgeon is not medically necessary and appropriate.

**Medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary. As such, the requested pre-operative medical clearance is not medically necessary and appropriate.

**Post-operative physical therapy sessions left knee, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** According to the guidelines, post-surgical physical medicine treatment following a meniscectomy includes 12 visits over 12 weeks. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary. Therefore, the request for post-operative physical therapy sessions left knee, 12 sessions is not medically necessary and appropriate.