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| <b>Case Number:</b>   | CM13-0045223 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 10/17/2012 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 09/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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:

This 26-year-old male forklift driver sustained an industrial injury on 10/17/12. He was in a basket that was elevated 12 feet to retrieve merchandise, when a pallet slid towards him. He was struck in the right leg and pushed against the basket with immediate onset of low back and right knee pain. The 11/16/12 right knee x-rays showed ACL calcification and possible tear of the bipartite patella. The patient failed to respond to a course of physical therapy. The 5/31/13 right knee MR arthrogram showed an intra-articular loose body within the posterior knee joint, just posterior and superior to the PCL. A patellar tracking disorder was noted with full-thickness chondral defect, involving the lateral patellar facet and lateral trochlear articular cartilage, with underlying subcortical cyst formation. The 7/17/13 treating physician report indicated the patient continued to have right knee pain. Objective findings noted a right antalgic gait, decreased right knee range of motion, slight crepitus on passive range of motion, and positive patellofemoral compression. The treatment plan recommended right knee arthroscopy to remove the loose bodies. The 9/18/13 utilization review recommended denial based on an absence of failure of recent conservative treatment with physical therapy and right knee steroid injection. The 10/11/13 appeal letter outlined the recent physical therapy provided to the patient and failure to improve. The treating physician opined a steroid injection would be of benefit and recommended right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHRO/OP-ARTHROSCOPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, LOOSE BODY REMOVAL SURGERY (ARTHROSCOPY)

**Decision rationale:** Under consideration is a request for right knee arthroscopy. The California MTUS do not provide surgical recommendations in chronic cases. The Official Disability Guidelines for arthroscopic loose body removal surgery recommend surgery when symptoms are consistent with a loose body and after failure of conservative treatment. Guideline criteria have been met. The patient has imaging and clinical findings of an intra-articular loose body. He has failed reasonable conservative treatment, including medications and physical therapy. Therefore, this request for right knee arthroscopy is medically necessary and appropriate.