

<b>Case Number:</b>	CM13-0048003		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient was injured on 06/09/2011. The mechanism of injury is unknown. Prior treatment history has included left knee Euflexxa injection, 09/24/2013. Diagnostic studies reviewed include MRI of right knee performed on 03/05/2013 revealed no evidence of a meniscal tear of significant intrameniscal degeneration is seen. There is thinning of portions of the articular cartilage of the lateral tibial plateau and lateral patellar facet. There is no MR evidence for an acute injury at this time. PR2 dated 10/10/2013 documented the patient to have complaints of left knee pain. The patient has a history of left knee arthritis. The patient received her third of three Euflexxa injections under ultrasound guidance at this visit. Objective findings on exam revealed tenderness to patellar compression with moderate patellofemoral Crepitation. The patient reported pain with knee range of motion, which 0-120 degrees. The medial and lateral joint lines are nontender as are the distal femoral condyles. There is no laxity or instability; Apley's compression distraction, bounce home and McMurray's are all negative; quadriceps and hamstring strength are excellent; neurovascular to the extremities are otherwise intact. There were no subjective or objective findings of right knee. The patient was diagnosed with chondromalacia patella left knee, bilateral knee pain, and right knee medial meniscus tear. PR2 dated 10/04/2013 did not document subjective or objective findings of right knee. The patient received her second of three Euflexxa injections at this visit. 09/24/2013 documented the patient to have complaints of popping, clicking, and locking. The patient reported she had an episode of locking a week from the date. She reported she nearly fell to the ground and it was locked in flexion; this does not corroborate with the MRI of the right knee from 03/05/2013 that demonstrates osteoarthritis with Grade III patellar chondromalacia. It was discussed with the patient, a diagnostic right knee arthroscopy with possible meniscectomy.

There was no physical examination of the right knee. Objective findings on exam revealed there was tenderness to patellar compression as well as moderate patellofemoral Crepitation and reported pain with knee range of motion, which is 0-120 degrees. The medial and lateral joint lines are nontender as are the distal femoral condyles. There is no laxity or instability; Apley's compression distraction, bounce home and McMurray's are all negative. Quadriceps and hamstring strength are excellent. Neurovascular to the extremities are otherwise intact. The patient was diagnosed with bilateral knee pain and right knee medial meniscus. The patient received the first of three Euflexxa injections at the lateral portal for left knee arthritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DIAGNOSTIC ARTHROSCOPY WITH POSSIBLE MENISCECTOMY, RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335, 344-345.

**Decision rationale:** According to the CA MTUS Guidelines, knee arthroscopy with partial meniscectomy is recommended for cases in which there is clear evidence of a meniscus tear-- symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The medical records document the patient had right knee popping, clicking, and locking with episode of locking and nearly falling to the ground when it was locked in flexion. There was no documented objective finding for the right knee in provided records, and MRI right knee that was dated on 3/5/21013 reported no evidence of meniscal tear or significant intramensical degeneration. In the absence of documented physical examination and MRI finding of the right knee, the request is not medically necessary according to the guidelines.

#### **TWELVE (12) SESSIONS OF PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
98-99.

**Decision rationale:** According to the CA MTUS Guidelines, physical therapy is recommended to help control swelling, pain and inflammation during the rehabilitation process. The medical records document bilateral knee pain with popping, clicking, and locking in the right knee and episode of locking of the knee with nearly falling to the ground, receiving intrarticular injection

of Euflexxa in the left knee. On physical examination there was tenderness to patellar compression as well as moderate crepitating in the left knee no laxity or instability, Apley's compression distraction, bounce home and McMurray's are all negative, right knee physical examination was not documented. In the absence of documented previous physical therapy treatment and which part is aimed for physical therapy, the request is not medically necessary according to the guidelines.