

<b>Case Number:</b>	CM13-0050332		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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:

This 51-year-old claimant has a date of injury of 7/24/12. The records documented that he injured his bilateral ankles and there has been concern over left knee pain. The records provided documented that the claimant's left knee is afflicted with osteoarthritis, with a medial meniscal tear present. Podiatry notes and physical therapy notes documented conservative care for both ankles in the form of therapy, immobilization, corticosteroid injections, and medications. A note is provided by [REDACTED] office dated 8/20/13 which documented concern over left knee pain with x-rays that showed arthritis and an examination consistent with medial compartment internal derangement. [REDACTED] recommended a left knee MRI, Meloxicam, heat, and ice. The MRI demonstrated arthritis and a medial meniscal tear. No other notes were provided from [REDACTED] office. A left knee arthroscopy, partial medial meniscectomy, possible anterior cruciate ligament shrinkage, and chondroplasty were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, partial medial meniscectomy, possible ACL shrinkage, chondroplasty:** 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**Decision rationale:** Left knee arthroscopy, partial medial meniscectomy, possible anterior cruciate ligament shrinkage, and chondroplasty would not be considered medically necessary and appropriate based on the records provided in this case and the California MTUS ACOEM Guidelines and Official Disability Guidelines. CA MTUS ACOEM Guidelines support arthroscopic partial medial meniscectomy when there is clear evidence of meniscal tear with mechanical symptoms, clear signs of meniscal tear on examination, and consistent findings on MRI. ACOEM Guidelines state that arthroscopy and meniscal surgery may not be beneficial for those patients who are exhibiting signs of degenerative changes. In this case, this claimant has a degenerative meniscal tear. No conservative care has been rendered. There is no documentation of mechanical symptoms or a symptomatic medial meniscal tear. Official Disability Guidelines are referenced for electrothermal anterior cruciate ligament shrinkage which is not recommended at all as this is ineffective treatment. MTUS Guidelines do not address chondroplasty. Official Disability Guidelines are referenced for chondroplasty and specifically state that there should be a chondral defect present on MRI. This claimant has arthritis present on MRI and no chondral defect. For the reasons outlined above, per the MTUS ACOEM and Official Disability Guidelines, left knee arthroscopy, partial medial meniscectomy, possible anterior cruciate ligament shrinkage, and chondroplasty cannot be certified.

**Post-operative physical therapy for the left knee 2X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As the requested surgical procedure left knee arthroscopy, partial medial meniscectomy, possible ACL shrinkage, chondroplasty cannot recommended as medically necessary, the request for post-operative physical therapy for the left knee would also be deemed not medically necessary.