

<b>Case Number:</b>	CM13-0054336		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Texas. 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 45-year-old male who reported an injury on 11/12/2011. The patient reportedly heard a pop in his left knee while squatting down to cut drywall. The patient is currently diagnosed with left knee pain, left knee stiffness, patellofemoral joint arthrofibrosis, and 11 months status post left knee surgery with ACL reconstruction. The patient's MRI of the left knee obtained on 06/22/2013 indicated medial and lateral menisci within normal limits. The patient was seen by [REDACTED] on 10/18/2013. The patient reported ongoing left knee pain. Physical examination revealed joint line tenderness with slightly diminished range of motion. Treatment recommendations included a left knee diagnostic arthroscopy with lysis of adhesions and manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee and Leg

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

**Decision rationale:** The ACOEM Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the patient was status post left knee surgery with ACL reconstruction. Documentation of a postoperative course of physical therapy and conservative treatment was not provided. The patient's MRI of the left knee obtained on 06/22/2013 indicated medial and lateral menisci within normal limits. The medical necessity for the requested procedure, including meniscectomy, has not been established. Therefore, the request is not medically necessary and appropriate.