

<b>Case Number:</b>	CM13-0054517		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/28/2013
<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 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 patient is a 22-year-old female who was injured in a work related accident on July 20, 2013. This was a twisting injury resulting in acute left knee complaints. Available for review is an MRI report dated August 9, 2013 demonstrating a peripheral tear to the medial meniscus body and horn. Most recent clinical assessment of October 16, 2013 indicated ongoing complaints of pain about the left knee that has failed to respond to conservative care. She is having trouble with flexion to the knee with worsening pain complaints. Physical exam findings showed medial and lateral joint line tenderness with tenderness about the patellar facets and positive patellar compression. There was 0 to 135 degrees range of motion. Reviewed at that time was the patient's MRI scan. The treating physician diagnosed her with a "questionable tear to the medial meniscus". Based on failed conservative measures, operative intervention in the form of an arthroscopy was recommended for further management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A LEFT KNEE ARTHROSCOPY:** Overturned

**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 rationale:** According to California ACOEM Guidelines, surgical arthroscopy to include partial meniscectomy would be supported. In this case, the claimant's physical examination and imaging are consistent with medial Meniscal pathology. Given her young age, failure to respond to conservative care and evidence of internal derangement on imaging, the role of surgical arthroscopy would appear to be medically necessary.

**PREOPERATIVE LABS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Preoperative Lab Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation HEGMANN K, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND ED (2008 REVISION) , PAGE 127/503.

**Decision rationale:** The California ACOEM Guidelines support the request for preoperative labs for this claimant. Based upon the planned surgical procedure, preoperative laboratory testing would be indicated prior to the administration of anesthesia during knee arthroscopy.

**CRUTCHES:** Overturned

**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, WALKING AIDS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS)

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, crutches in the postoperative setting following surgical arthroscopy would also be supported as medically necessary for stabilization and balance.