

<b>Case Number:</b>	CM13-0061509		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/17/1996
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 67-year-old retired male police officer sustained multiple neurologic and orthopedic injuries on 9/17/96 in a pedestrian versus motor vehicle accident. The patient underwent multiple surgeries including craniotomy for subdural hematoma in 1996, right total hip replacement in 1999, left knee arthroscopy in 2001, right thumb arthroplasty/fusion on 1/8/13, and left shoulder arthroscopic rotator cuff repair on 7/23/13. Co-morbidities include significant cardiac disease. The 3/1/11 right knee MRI showed an intrasubstance tear medially, chondral erosions, and irregular horizontal tear laterally. The left knee MRI on 3/1/11 showed evidence of a prior arthroscopy, some changes in the medial femoral condyle, intact lateral meniscus, and evidence of prior medial meniscus surgery. The records indicate that the most recent physical therapy provided for the knees was in 2012. Viscosupplementation for both knees was last provided 12/3/12 with benefit documented. Cortisone injection to the left knee was documented on 7/8/13. The 10/31/13 treating physician report cited bilateral knee pain and swelling. Objective findings included bilateral knee pain/swelling, bilateral medial and lateral joint line tenderness, pain with McMurray's, and moderate bilateral knee effusion. The treating physician indicated that the patient had previously been treated with Orthovisc and had done well, but subsequent requests were denied. Bilateral knee aspiration and cortisone injections were provided 10/31/13. The diagnosis was bilateral knee meniscus tears and chondromalacia, both knees. Bilateral knee arthroscopic surgery was recommended. The utilization review decision of 12/3/13 recommended non-certification of the request for bilateral knee arthroscopy with provider agreement pending updated MRI studies to confirm the presence of torn menisci.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGERY ARTHROSCOPIC BOTH KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13, Page(s): 343.

**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, Diagnostic Arthroscopy, Meniscectomy.

**Decision rationale:** Under consideration is a request for bilateral knee arthroscopy. The California MTUS guidelines do not provide recommendations for knee arthroscopy in chronic conditions. The Official Disability Guidelines for diagnostic arthroscopy require pain and functional limitations despite conservative treatment and inconclusive imaging. For meniscectomy, guidelines criteria generally require failure of conservative treatment (physical therapy and medication or activity modification) plus clinical and imaging findings consistent with meniscal tear. Guideline criteria have not been met. There is no current documentation of functional limitation to support the medical necessity of surgical intervention. There is no documentation that recent detailed comprehensive conservative treatment has been tried and has failed. The available MRIs from 2011 did not clearly document a surgical lesion. The utilization review decision of 12/3/13 documented provider agreement to non-certification pending updated MRIs; there is no documentation of updated MRIs. Therefore, this request for bilateral knee arthroscopy is not medically necessary.