

<b>Case Number:</b>	CM13-0066465		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 26-year-old male who reported an injury on 02/18/2012. The mechanism of injury involved repetitive heavy lifting. The patient is currently diagnosed with right knee medial plica syndrome. The patient was seen by [REDACTED] on 11/18/2013. The patient reported ongoing 7/10 knee pain. Physical examination revealed tenderness to palpation. Treatment recommendations included an arthroscopic medial plica resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Medial Plica Resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 343-345

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. There was no documentation of a significant musculoskeletal deficit. There is no evidence of significant functional limitations. There was no

imaging studies submitted for review. There is also no evidence within the documentation provided of an exhaustion of conservative treatment. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.