

<b>Case Number:</b>	CM13-0069987		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 injured worker is a 67-year-old who reported an injury on April 28, 2010. The mechanism of injury was not provided for review. The injured worker underwent a right knee MRI on September 17, 2013 that documented there was a medial lateral meniscus tear with mild medial and lateral compartmental articular cartilage thinning. The injured worker underwent an MRI of the left knee on October 19, 2013 that documented medial and lateral meniscus tears with degenerative signs of the menisci and degenerative changes of the medial and lateral compartments. The injured worker was evaluated on October 31, 2013. It was documented that the injured worker was participating in a home exercise program, however, had constant bilateral knee pain. Objective findings included a positive McMurray's maneuver medial and laterally of the bilateral knees. The injured worker's diagnoses included internal derangement of the bilateral shoulders, tendonitis of the bilateral shoulders, internal derangement of the bilateral knees, osteoarthritis of the bilateral knees and medial and lateral meniscus tears of the bilateral knees. The injured worker's treatment plan included surgical intervention with associated postsurgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ARTHROSCOPY BILATERAL KNEES TO BE PERFORMED 90 DAYS APART:**

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 & Leg Chapter.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention for the knee when there are significant functional deficits supported by an imaging study that would respond appropriately to surgical intervention. The clinical documentation submitted for review does support that the injured worker has mechanical symptoms of the bilateral knees that would respond to surgical intervention; however, although the clinical documentation does indicate that the injured worker had undergone bilateral MRIs to support surgical intervention an independent report of these MRIs was not submitted for review. Therefore, the appropriateness of surgical intervention cannot be determined. The request for arthroscopy of the bilateral knees to be performed ninety days apart is not medically necessary or appropriate.

**POST-OPERATIVE RENTAL OF COOLING UNIT FOR TWO WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

**POST-OPERATIVE RENTAL OF SURGI STIM UNIT FOR TWO WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.