

<b>Case Number:</b>	CM14-0004384		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 claimant is a 54-year-old female who was injured on 08/03/09 when she slipped and fell at work resulting in acute left knee complaints. The clinical records provided for review include an 11/21/13 progress report relating to the left knee noting continued complaints of pain in the bilateral knees. The report documents conservative treatment has included work restrictions, a brace and medication management. The claimant describes an uneven gait pattern. Physical examination showed restricted left knee range of motion from 0 to 100 degrees, positive McMurray's testing, 4/5 strength but no other clinical findings. Bilateral knee radiographs performed on that date showed degenerative changes of the left knee with good overall alignment. There was no report of recent MR imaging to the knee. It was documented that an MRI from October 2010 showed a medial meniscal tear, but no evidence of cruciate or collateral injury. The recommendation was made for a knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 POST-OPERATIVE PHYSICAL THERAPY (PT) VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition, Chapter: Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, POST-SURGICAL TREATMENT GUIDELINES,

**Decision rationale:** The proposed left knee arthroscopy is not recommended as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is not recommended as medically necessary.

**1 LEFT KNEE SCOPE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition, Chapter: Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** California MTUS ACOEM Guidelines do not support the request for a left knee scope. This individual was injured nearly five years ago and the current imaging reports for review are plain film radiographs and documentation of the results of an MRI scan from 2010. Based on the claimant's current clinical findings, the need of an acute knee arthroscopy given timeframe from injury and lack of documentation of recent conservative care and imaging does not support the request for left knee scope. The left knee scope is not medically necessary and appropriate.