

<b>Case Number:</b>	CM14-0008621		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Oklahoma, Texas, California and Tennessee. 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 63-year-old female who reported an injury to her left knee. The MRI of the left knee dated 08/22/13 revealed small joint effusion at the left knee. A partial tear of the left anterior cruciate ligament (ACL) was identified. A meniscal tear at the left medial meniscus was also revealed. A clinical note dated 08/14/13 indicated the injured worker demonstrating no significant provocative findings upon exam. The therapy note dated 09/25/13 indicated the injured worker completing seven physical therapy sessions to date. A clinical note dated 01/16/14 indicated the injured worker having a positive McMurray's sign. The injured worker continued with complaints of activity limitation secondary to a loss of range of motion and an inability to properly kneel or squat. The injured worker also reported popping at the left knee. Strength was rated as 4/5 at the left quadriceps. The previous utilization review dated 01/14/14 resulted in a denial as no evidence of mechanical symptoms was identified in the submitted clinical documentation. Additionally, no information was submitted regarding a trial of intraarticular corticosteroid injection or viscosupplementation injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE ARTHROSCOPY WITH MEDICAL AND LATERAL MENISCECTOMY AND CHONDROPLASTY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-346.

**Decision rationale:** The request for a left knee arthroscopy with medical and lateral meniscectomy and chondroplasty is non-certified. The clinical documentation indicates the injured worker complaining of left knee pain with associated range of motion deficits. A meniscectomy and chondroplasty would be indicated if the injured worker meets specific criteria to include completion of all conservative treatments. There is indication the injured worker underwent a short course of physical therapy addressing left knee complaints. However, no information was submitted regarding the completion of any injections at the left knee. Given this, the request is not indicated as medically necessary.

**DURABLE MEDICAL EQUIPMENT (DME): CRYOTHERAPY UNIT:** Upheld

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

**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 Chapter, Continuous Cryotherapy

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