

<b>Case Number:</b>	CM14-0100319		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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:

This 40-year-old male general laborer sustained an industrial injury on 1/12/14. Injury occurred when a heavy metal box fell, struck him on the back of the left leg, knocked him to the ground, and landed on top of him. Injuries were reported to the neck, ribs, right elbow, and left knee. The 2/12/14 left knee magnetic resonance imaging (MRI) revealed intrasubstance degeneration of the posterior horn of the medial meniscus with a superimposed radial tear of the free edge of the posterior horn. There was mild chondromalacia of the anterior compartment and patellar tendinosis. Conservative treatment included anti-inflammatories, oral and topical analgesics, and activity modification. There is no indication that physical therapy was prescribed. The 4/10/14 progress report cited persistent neck, left ribs, right elbow and left knee pain. Tenderness was noted to all regions with a positive McMurray's sign documented. The patient was to continue medications. The 5/22/14 orthopedic report documented MRI findings and requested authorization for left knee arthroscopy with partial medial meniscectomy, debridement and abrasion chondroplasty. The patient was having significant difficulty performing his job duties as a general laborer and was placed on temporary total disability. The 6/5/14 utilization review denied the left knee arthroscopy and associated requests as there was no documentation of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative Lab Work:** 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 Medical Treatment Guideline or Medical Evidence: Practice advisory for pre-anesthesia evaluation.

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

**Chest x-ray:** 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 Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria® routine admission and preoperative chest radiography.

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

**Left Knee Arthroscopy with Partial Medial Meniscectomy, Debridement and Abrasion Chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)- Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg Diagnostic Arthroscopy Indications for Surgery: Meniscectomy, Chondroplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty.

**Decision rationale:** This 40-year-old male general laborer sustained an industrial injury on 1/12/14. Injury occurred when a heavy metal box fell, struck him on the back of the left leg, knocked him to the ground, and landed on top of him. Injuries were reported to the neck, ribs, right elbow, and left knee. The 2/12/14 left knee magnetic resonance imaging (MRI) revealed intrasubstance degeneration of the posterior horn of the medial meniscus with a superimposed radial tear of the free edge of the posterior horn. There was mild chondromalacia of the anterior compartment and patellar tendinosis. Conservative treatment included anti-inflammatories, oral and topical analgesics, and activity modification. There is no indication that physical therapy was prescribed. The 4/10/14 progress report cited persistent neck, left ribs, right elbow and left knee pain. Tenderness was noted to all regions with a positive McMurray's sign documented. The patient was to continue medications. The 5/22/14 orthopedic report documented MRI findings and requested authorization for left knee arthroscopy with partial medial meniscectomy,

debridement and abrasion chondroplasty. The patient was having significant difficulty performing his job duties as a general laborer and was placed on temporary total disability. The 6/5/14 utilization review denied the left knee arthroscopy and associated requests as there was no documentation of conservative treatment.

**(24) Post-operative Physical Therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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