

<b>Case Number:</b>	CM14-0101935		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Mississippi. 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 records presented for review indicate that this 54 year-old female was reportedly injured on August 22, 2008. The mechanism of injury is noted as a pushing type event. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated a normal appearing left knee, well healed arthroscopic incision sites, tenderness over the medial joint line, rotation and a full range of motion. McMurray's test is noted to be positive. Diagnostic imaging studies reported a loss of lateral joint space and MRI noted a normal medial meniscus and some degenerative changes with mechanical erosion of the lateral meniscus. Previous treatment includes left knee arthroscopic surgery, postoperative rehabilitation, physical therapy, and pain management interventions. A request was made for left knee arthroscopic surgical intervention and was not certified in the pre-authorization process on June 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(L) Knee Arthroscopic Lateral Meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Meniscectomy or Meniscus Repair.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-347.

**Decision rationale:** When noting the date of injury, the mechanism of injury, the surgical treatment completed and the current findings on MRI there is insufficient clinical information presented to suggest the need for a repeat arthroscopy. There are degenerative changes within the knee, but as noted in the literature the changes are not amenable to arthroscopic surgery. Therefore, there is insufficient clinical evidence presented to support this intervention. And as such, this request is not medically necessary.

**Chondroplasty With Synovectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Chondroplasty/ Debridement Criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-347.

**Decision rationale:** When noting the date of injury, the mechanism of injury, the surgical treatment completed and the current findings on MRI there is insufficient clinical information presented to suggest the need for a repeat arthroscopy. There are degenerative changes within the knee, but as noted in the literature the changes are not amenable to arthroscopic surgery. Therefore, there is insufficient clinical evidence presented to support this intervention. And as such, this request is not medically necessary.

**Pre-Op Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e.g. Harrison's Textbook of Medicine, Washington Manual of Medical.

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

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

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e.g. Harrison's Textbook of Medicine, Washington Manual of Medical.

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

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation e.g. Harrison's Textbook of Medicine, Washington Manual of Medical.

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

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

**Pre-Op Labs: CBC, CMP, PT, PTT, AND UA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e.g. Harrison's Textbook of Medicine, Washington Manual of Medical.

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

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

**Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Walking Aids.

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

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

**Cold therapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous Flow Cryotherapy In the Management of Knee Injuries.

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

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

**CPM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous Passive Motion Devices.

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

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

**Post Operative Physical Therapy x 12 Sessions:** Upheld

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

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

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