

<b>Case Number:</b>	CM14-0011650		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 patient is a 59-year-old female with a September 13, 2010 date of injury. The patient is already status post arthroscopic partial medial meniscectomy on the right on March 8, 2011 following which the patient developed early signs of reflex sympathetic dystrophy and was referred for pain management. A November 27, 2013 progress report, [REDACTED] describes discomfort in the right knee while walking and standing and weight-bearing. Physical exam shows patellofemoral tenderness and "mild" tenderness of the medial joint line. The patient was unable to achieve full flexion or extension secondary to pain. Surgery was recommended in the form of diagnostic arthroscopy. An MRI arthrogram of the right knee was reviewed dated November 22, 2013 (however the actual report was not available), describing synovial plica and post-surgical changes with a small radial meniscal tear and mild cartilage abnormality. An October 23, 2013 progress report, [REDACTED] describes 8/10 pain increasing with activity. Examination of the right knee showed 0-120 degrees, 5/5 strength, positive McMurray's, no instability. X-rays showed no fractures or bony abnormalities. The April 9, 2013 qualified medical evaluation (QME) describes pain out of proportion to what would be expected following surgery with the diagnosis rendered. Recommendations include non-narcotic analgesics, anti-inflammatories, physical therapy and strengthening with pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE DIAGNOSTIC ARTHROSCOPY, PROBABLE SYNOVECTOMY, POSSIBLE MEDIAL MENISCECTOMY, POSSIBLE CHONDROPLASTY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, ,

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

**Decision rationale:** The California MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, the Official Disability Guidelines criteria for meniscectomy include failure of conservative care. The submitted MRI is dated April 19, 2011 showing post-operative changes. There is no evidence of mechanical symptoms or locking. There is review of an MRI arthrogram; however, this report is not available. The QME, specifically from April 9, 2013, did not corroborate a diagnosis of chronic regional pain syndrome however there were no further surgical recommendations for there was some evidence of pain that was out of proportion. There has not been any submission of weight-bearing views assessing the joint spaces. Therefore, the request is not medically necessary.

**POST OP THERAPY X 16:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** There is a request for diagnostic arthroscopy and possible medial meniscectomy with possible chondroplasty that is not medically necessary. Given this determination, the request for post-operative physical therapy is also not medically necessary.

**POST OP MEDS, NORCO 5/325MG #60:** 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:** There is a request for diagnostic arthroscopy and possible medial meniscectomy with possible chondroplasty that is not medically necessary. Given this determination, the request for post-operative Norco is also not medically necessary.

**PREOP LABS AND EKG:** 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 ODG- LOW BACK CHAPTER

**Decision rationale:** There is a request for a diagnostic arthroscopy and possible medial meniscectomy with possible chondroplasty that is not medically necessary. Given this determination, the request for pre-operative labs and EKG are also not medically necessary.