

<b>Case Number:</b>	CM14-0012331		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Texas. 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 48-year-old male who reported an injury on 03/12/2013. The mechanism of injury was the injured worker was hit by a car. The prior treatment includes a right knee arthroscopy and partial meniscectomy. Initially, prior treatments included physical therapy and medications. The patient underwent an MRI of the right knee without contrast on 12/26/2013 which revealed an irregularity and truncation along the free margin and the body of the posterior horn of the medial meniscus. The patient had localized synovitis centered laterally within the Hoffa's fat pad which could be associated with patellofemoral malalignment. The physical examination dated 01/06/2014 revealed the injured worker had lateral sided knee pain and hip pain. The examination of the right knee revealed atrophy at 2+. The injured worker had tenderness and normal range of motion. The injured worker was positive for subpatellar crepitus. The injured worker was positive for the varus stress test. Diagnoses included knee chondromalacia patella and knee degenerative osteoarthritis. The documentation indicated the injured worker had sustained an injury by a trailer running over his right foot. The treatment plan included right knee surgery to address residual pain from a meniscus tear in the right knee and laxity. The injured worker failed to improve with 7 months of physical therapy. The subsequent documentation submitted in appeal dated 02/03/2014 revealed the injured worker had a residual meniscus tear that was likely inadequately treated in a previous surgery, which caused the injured worker not to recover fully. The injured worker had signs and symptoms consistent with a meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHROSCOPY: Upheld**

**Claims Administrator 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 Chapter.

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

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of musculature around the knee. However, they do not specifically address the diagnostic arthroscopy. The request as submitted was for a right knee arthroscopy and failed to indicate a specific procedure. As such, secondary guidelines regarding diagnostic arthroscopy were applied. The Official Disability Guidelines indicate that a diagnostic arthroscopy is appropriate for injured workers who have trialed medications or physical therapy and have pain and functional limitations despite conservative care and whose imaging is inconclusive. The injured worker had failed physical therapy and had pain. There was a lack of documentation of functional limitations. The MRI had positive findings. Given the above, the request for right knee arthroscopy is not medically necessary.