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| <b>Case Number:</b>   | CM14-0013038 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 08/13/2013 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 01/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/31/2014 |

### 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 43-year-old male who has filed a claim for right knee internal derangement associated with an industrial injury date of August 13, 2013. Review of progress notes indicates intraarticular pathology in the right knee. Findings include tenderness over the lateral more than the medial joint line, positive McMurray's sign, positive patellar compression test, and pain upon terminal flexion of the right knee. MRI of the left knee dated October 31, 2013 showed type II signal changes of the medial meniscus with no tear, and superficial fissure of the patellar articular cartilage and mild irregularity of the trochlear articular cartilage. Treatment to date has included NSAIDs, opioids, muscle relaxants, quazepam, and Terocin patches. Utilization review from December 31, 2013 denied the requests for right knee arthroscopy with repair of internal derangement, 12 post-op physical therapy, 1 pair of crutches, and medical clearance as the documentation indicates non-specific right knee pain without indication of physical therapy or injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 RIGHT KNEE ARTHROSCOPY WITH REPAIR OF INTERNAL DERANGEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter. Meniscectomy.

**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, ODG criteria for meniscectomy include failure of conservative care. In this case, there is no documentation that the patient has undergone physical therapy, there is no documentation describing the patient's subjective symptoms, and MRI did not show evidence of a tear. Therefore, the request for right knee arthroscopy with repair of internal derangement was not medically necessary.

**TWELVE (12) POST-OP PHYSICAL THERAPY SESSIONS:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 PAIR OF CRUTCHES:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE (1) MEDICAL CLEARANCE:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.