

<b>Case Number:</b>	CM14-0014716		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 60-year-old male who was reportedly injured on November 14, 2005. The mechanism of injury was noted as stepping off a truck. The most recent progress note dated February 21, 2014, indicated that there were ongoing complaints of right knee pain. The pain stated to be greatest at the medial aspect of the knee, and the injured employee is currently taking ibuprofen and Prilosec with relief. The physical examination demonstrated a startup antalgic gait and a 2 varus malalignment. Right knee range of motion was stated to be 0 through 130. There was tenderness to the medial joint line, a positive McMurray's test and a positive Apley's grind test. A mild joint effusion was noted. Diagnostic imaging studies reported findings of a 2 mm residual medial joint space with osteophytes. An magnetic resonance image of the right knee showed a tear of the posterior horn, of the medial meniscus and moderate arthrosis of the medial compartment. Previous treatment included a right knee surgery in 2006 and viscosupplementation. A request had been made for the right knee arthroscopy with partial meniscectomy and debridement, followup in three months for viscosupplementation, a home continuous passive motion machine, a home cold therapy unit, and 12 visits of postoperative physical therapy and was not certified in the pre-authorization process on January 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Procedure: Right Knee Arthroscopic Partial Meniscectomy and Debridement:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-5.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, an arthroscopic partial meniscectomy has a high success rate when there is clear evidence of a meniscal tear. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative change. The injured employee is 60 years old, and there is obvious degenerative change objectified on both x-ray and MRI of the right knee. Additionally, the injured employee has already had a prior right knee meniscectomy surgery with return of symptoms. For these reasons, this request for a right knee arthroscopic partial meniscectomy and debridement is not medically necessary.

**Follow Up In Three Months With Viscosupplementation:** Upheld

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

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

**Decision rationale:** It is unclear why there is request for viscosupplementation and right knee surgery at the same time. Nonetheless, the medical record reflected that the injured employee has had a prior viscosupplementation procedure; however, the efficacy of this is unknown. Without documentation of the known benefit from this prior injection, this request for a followup in three months for viscosupplementation is not medically necessary.

**Durable Medical Equipment: Home Continuous Passive Motion Machine:** 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.

**Durable Medical Equipment Cold Therapy Unit:** 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.

**12 Post Operative 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.