

<b>Case Number:</b>	CM14-0014848		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/07/2014
<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 a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 37-year-old male was injured on August 14, 2013. The mechanism of injury is stepping into a hall and sustaining a left knee injury. An MRI of the knee was obtained on November 7, 2013 and compared to a previous study completed on August 30, 2012. An operative note dated, December 17, 2012, is also incorporated to this assessment. The findings of a small oblique horizontal tear of the medial meniscus are noted. A trace of joint fluid assessment is reported. Degenerative changes of the patellofemoral joint are also reported. A request to repeat the left knee arthroscopy was not medically necessary in the pre-authorization process. Treatment subsequent to the date of injury has included therapy and medications. The initial progress note indicated the diagnosis as a sprained knee. The physical examination, associated with the September 24 evaluation, noted negative McMurray and draw test. The injured employee was cleared to return to work with restrictions. The injured worker continued to be symptomatic, and the above noted MRI of the knee was obtained. An orthopedic consultation was obtained in December 2013 and noted the date of injury, the mechanism of injury, and the treatment to date. It is reported that there was no effusion of the knee, McMurray's test was positive and there was mild retropatellar crepitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT ARTHROSCOPY LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, KNEE COMPLAINTS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter updated June 2014

**Decision rationale:** It is noted there is no specific criteria listed in the California Medical Treatment Utilization Schedule (CAMTUS). The Official Disability Guidelines (ODG) were used. The criterion for meniscectomy includes objectification of conservative care and is noted that physical therapy has been completed. The next would be 2 separate subjective clinical findings and based on the progress notes reviewed, these are not present. Additionally, there needs to be joint line tenderness, and there is a global evidence of a positive McMurray's. There is no effusion or limited range of motion reported. Lastly, the changes noted on MRI are minimal and do not appear to require surgical intervention. While understanding there are complaints of pain, there simply is not enough clinical data presented for the request. This is not clinically indicated.

**POST-OPERATIVE PHYSICAL THERAPY 12 SESSIONS AT 3 TIMES PER WEEK FOR 4 WEEKS TO THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, , 10

**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.

**POST-OPERATIVE POLAR CARE UNIT WITH PAD FOR THE LEFT KNEE:** 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 Official Disability Guidelines (ODG): Knee chapter, updated June 2014

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