

<b>Case Number:</b>	CM14-0015775		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Pennsylvania. 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:

This is a 74-year-old gentleman who injured his left knee in a work related slip and fall accident on 11/12/11. The report of plain film radiographs reviewed on 12/26/13 showed prominent degenerative arthritis with significant joint space narrowing to the medial compartment of the knee. Due to the fact the claimant had a pacemaker, it was noted that an MRI scan was not feasible. The 01/07/14 progress report noted continued subjective complaints of left knee pain despite conservative care of physical therapy, chiropractic measures, acupuncture, medications, bracing and corticosteroid treatment. Objectively, on exam there was tenderness over the medial joint line. The claim was diagnosed with left knee arthritis and internal derangement. The recommendation was made for arthroscopy and meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE DIAGNOSTIC ARTHROSCOPY,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-45.

**Decision rationale:** Based on California ACOEM Guidelines, a diagnostic knee arthroscopy would not be indicated. The claimant is noted to have advanced degenerative arthritis in the medial compartment of the knee. The ACOEM Guidelines clearly indicate that surgical arthroscopy in the setting of advanced degenerative arthritis yields less than optimal outcomes. While this individual continues to be symptomatic there is currently no clear indication for the role of knee arthroscopy. While it is noted that an MRI scan was unable to be performed due to the claimant's prior history of pacemaker placement, the fact that he has documentation of advanced degenerative arthritis that would fail to support need for the procedure in question.

**MEDICAL CLEARANCE WITH LAB WORK,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**TWELVE (12) POST OPERATIVE PHYSICAL THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

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

**POST OPERATIVE KNEE BRACE IMMOBILIZER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

**POST OPERATIVE CRUTCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers) Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid.

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

**POST OPERATIVE COLD THERAPY UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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