

<b>Case Number:</b>	CM14-0017246		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	12/13/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 42-year-old gentleman injured on December 13, 2007. A left knee MRI scan reviewed September 20, 2013, showed a suspicion for tearing to the posterior horn of the medial meniscus with possible intrameniscal degenerative changes, particularly involving the medial meniscus. The remainder of the ligamentous and tendon assessment was intact. There were no joint space or degenerative findings noted. The last clinical assessment of the knee was dated September 27, 2013; the patient was noted to have continued complaints of pain with active range of motion from 0 to 130 degrees, 5/5 strength and no documented positive findings. The patient's MRI scan was reviewed at that time. There was discussion regarding a surgical arthroscopy for the knee; however, it was decided that this treatment could not proceed until the patient fully recovered from a previous shoulder surgery. There is no documentation of other forms of treatment or physical examination findings to the knee noted. This review request is for left knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE SURGERY:** Upheld

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

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

**Decision rationale:** The California MTUS ACOEM Guidelines would not support the acute need for knee arthroscopy in this case. While the claimant is noted to have suspicious finding for possible tearing of the medial meniscus, his physical examination demonstrates no mechanical symptoms or findings consistent with meniscal pathology. While it is noted that the requested knee surgery was delayed pending the claimant's recovery from shoulder surgery, there is no current documentation of conservative treatment for the knee. Given the equivocal MRI findings, lack of documented exam findings and no conservative measures noted, this request for knee arthroscopy would not be supported as medically necessary.