

<b>Case Number:</b>	CM14-0018263		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	02/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician 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 New York. 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 patient is a female born on June 15, 1954 who has a date of injury of August 16, 2011. The patient complains of left knee pain. The mechanism of injury is continuous trauma. On physical examination the patient has a positive McMurray test and a positive Apley grind test on the left side. Valgus stress testing was positive on the left. Knee range of motion shows flexion to 90°, extension to -5°, internal rotation to 20° and external rotation to 10°. The patient has a diagnosis of left knee internal derangement. MRI of the left knee from January 2013 shows a horizontal tear of the posterior horn of the medial meniscus. There is focal signal alteration in the origin of the patellar tendon. There is partial meniscal extrusion causing a tear of the deep layer of the medial collateral ligament. At issue is whether left knee arthroscopy is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT left knee arthroscopic surgery:** 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), Knee and Leg, Indications for Surgery - Diagnostic Arthroscopy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Indications for Surgery - Diagnostic Arthroscopy.

**Decision rationale:** This patient does not meet establish criteria for urgent knee arthroscopy at this time. The patient does not have a locked knee on physical examination, there are no signs or symptoms of septic arthritis, there are also no concerns of fracture or possible malignancy. The patient has had reported injury since 2011 and findings of meniscal tear on MRI imaging since January 2013. The medical records do not demonstrate adequate attempts at conservative measures and a recent trial and failure of conservative measures to include physical therapy. In this case, the medical records do not indicate that a recent trial and failure of conservative measures has occurred. In addition, there were no red flag indicators for urgent arthroscopic knee surgery in the medical records. Therefore, establish criteria for urgent knee arthroscopy are not met.