

<b>Case Number:</b>	CM14-0019480		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopaedic 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:

This 63-year-old female sustained an industrial injury on 8/23/13 when she slipped on a step and fell onto her left knee. Initial conservative treatment included ice, rest, physical therapy, and over-the-counter anti-inflammatories. The 1/9/14 treating physician report cited anterior knee pain, worse with direct pressure, rising from a seated position, and climbing stairs. She reported intermittent catching, some grinding under the patella, and some intermittent swelling. She was unable to ride her bicycle due to knee pain. Objective findings documented normal alignment, mild effusion, mild crepitation, lateral patellar facet tenderness, negative laxity tests, and normal pain free range of motion. X-ray findings documented a healing fracture at the lateral patellar facet with mild medial joint space narrowing. MRI findings reportedly documented edema over the lateral patellar facet. The treating physician opined that the patient had a lateral patellar fracture that was healing, but the mechanical symptoms might be a result of a loose cartilaginous body. The patient also had some mild underlying degenerative disease aggravated by the fall. Reasonable operative and non-operative approaches were discussed and the patient wished to proceed with surgery. The treatment plan requested left knee arthroscopy to evaluate for loose body. Post-operative physical therapy was requested for 20 visits. The 1/28/14 utilization review recommended denial of the surgical requests based on an absence of documented comprehensive conservative treatment and lack of objective clinical findings to support the intended surgery. The 2/20/14 treating physician report noted the denial of surgery and planned additional non-operative treatment including corticosteroid injection and physical therapy strengthening.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ONE LEFT KNEE ARTHROSCOPY OF LOOSE BODY, DEBRIDEMENT, AND POSSIBLE MENISCAL SURGERY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Loose body removal surgery (arthroscopy).

**Decision rationale:** Under consideration is a request for left knee arthroscopy for loose body, debridement, and possible meniscal surgery. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not provide recommendations for arthroscopy in chronic knee complaints. The Official Disability Guidelines recommend loose body removal surgery where symptoms are consistent with a loose body, after failure of conservative treatment. Guidelines indicate that all loose bodies, chondral flap tears, and meniscal tears should be treated during the arthroscopic procedure in order to full address the mechanical symptoms. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There was no radiographic or imaging evidence of loose bodies. Therefore, this request for left knee arthroscopy for loose body, debridement, and possible meniscal surgery is not medically necessary.

### **TWENTY (20) PHYSICAL THERAPY SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** As the request for left knee arthroscopy for loose body, debridement, and possible meniscal surgery is not medically necessary, the request for 20 post-operative physical therapy visits is also not necessary.