MAXIMUS Federal Services

| Case Number: | CM14-0117559 | | |
|---|---|---|---|
| Date Assigned: | 08/04/2014 | Date of Injury: | 11/28/2007 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

## 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 Texas. 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 injured worker is a 62-year-old male who reported an injury on 11/28/2007. He reportedly got injured while cleaning a divider. On 06/30/2014 the injured worker presented with pain in the bilateral knees and persistent shoulder pain, particularly in the right shoulder. Upon examination of the left knee there was tenderness along the medial and lateral joint line, subpatelia crepitation with range of motion, and pain with deep flexion. There was a positive MsMurrays and no instability noted. The diagnoses were bilateral knee arthritis and psychological diagnoses. Prior treatment included surgery, Interferential Stim Unit, and medications. The provider recommended 1 left knee arthroscopy with treatment of internal derangement. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesIntegrated Treatment/Disability Duration Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Menisectomy.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**1 Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Knee & Leg, Menisectomy.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Electrocardiography:** 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 Non-MTUS Official Disability Guidelines (ODG) Knee & Leg, Menisectomy.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**1 left knee arthroscopy with treatment of internal derangement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

**Decision rationale:** The request for 1 left knee arthroscopy with treatment of internal derangement is not medically necessary. The CA MTUS/ACOEM states arthroscopic partial meniscectomy usually has a high success rate for cases in which there is evidence of a meniscus tear with symptoms other than simply pain. Injured workers should have locking, popping, giving way or recurring effusion, clear signs of a bucket handle tear on examination and consistent findings on MRI. However, injured workers suspected of having meniscal tears, but

without progressive or severe activity limitation can be encouraged to live with the symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In injured workers younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be really beneficial for those injured workers who are exhibiting signs of degenerative changes. The clinical documentation noted a positive McMurray's test with no evidence of instability. There was reference of an MRI that was done on 09/23/2013 that revealed a left knee complex tear of the lateral meniscus. However, the requesting physician did not provide an official report for review. The guidelines do not support surgical intervention for meniscectomy without clear objective documentation of pathology and diagnostic imaging and limitations on the examination and failure of conservative treatment. As such, the request is not medically necessary.