

<b>Case Number:</b>	CM14-0122568		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 claimant is a 66-year-old gentleman who injured his left knee on August 8, 2012. Records provided for review included the clinical report of June 20, 2014 noting ongoing complaints of pain in the left knee. Physical examination showed crepitation about the knee, varus deformity, tenderness of the medial joint line, and pain with McMurray's testing. Plain film radiographs of the knee showed 3 millimeter joint space on the left and 4 millimeter joint space on the right with weight bearing films and described moderate medial osteoarthritis. There was documentation that a prior MRI of the knee dated October 26, 2012 did not indicate meniscal pathology but did show significant underlying degenerative change about the knee tricompartmental. The claimant has been treated conservatively with medication management, injection and activity modifications. This review is for left knee arthroscopy and partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with partial medial meniscectomy:** Upheld

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

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for left knee arthroscopy with partial medial meniscectomy would not be indicated. ACOEM Guidelines specifically state that "arthroscopy and meniscal surgery may not be equally beneficial for patients exhibiting signs of degenerative change." This individual is noted to have significant underlying degenerative arthrosis as indicated on plain film radiographs. There is currently no documentation of any imaging demonstrating acute meniscal pathology. Given this individual's significant underlying degenerative process and absence of acute meniscal findings, the request for left knee arthroscopy with partial medial meniscectomy is not medically necessary.

**Post-operative physical therapy:** Upheld

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

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

**Decision rationale:** The request for left knee arthroscopy with partial medial meniscectomy would not be indicated. Therefore, the request for postoperative physical therapy is also not medically necessary.

**Cold Therapy unit x2 weeks rental:** Upheld

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

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

**Decision rationale:** The request for left knee arthroscopy with partial medial meniscectomy would not be indicated. Therefore, the request for a two week rental of a cryotherapy unit is also not medically necessary.