

<b>Case Number:</b>	CM14-0130424		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 60 year old female with an industrial injury dated 03/30/11. The patient is status post knee surgery as of August 2011. Exam note 06/26/14 states the patient returns with debilitating pain in the medial side of the right knee. Magnetic resonance imaging (MRI) scan demonstrates diffuse cartilage thinning medial and lateral compartments of the knee. The report demonstrates 1 to 1.5 cm area of grade IV change on the femur and no grade IV change on the tibia. There was minimal evidence of subchondral edema, and the lateral compartment looks pristine. The patient's anterior cruciate ligament (ACL) and Posterior cruciate ligament (PCL) are intact. There is visible evidence that the patient has almost total absence of the medial meniscus except for a meniscal rim and minimal posterior horn with blunting remaining. The previous surgery has left the patient with at least 75%-80% loss of her meniscus. The physical exam available for review shows neutral alignment, stable medial ligamentous testing, no effusion, and localized medial joint symptoms. Diagnosis is noted as medial knee pain status post subtotal medial meniscectomy with progressive chondral change. Treatment includes a medial meniscal allograft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Physical Therapy Qty:8.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS)/Post-surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. The California (MTUS) recommends initially the number of visits. Therefore the 8 visits exceed the initial guideline recommendation and the determination is not medically necessary.

**Right Knee Arthroscopy, medical meniscal allograft:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Right knee meniscal transplant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg.

**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, Meniscal Allograft Transplantation.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) is silent on the issue of meniscal transplantation. According to the Official Disability Guidelines (ODG), Knee and Leg section, regarding meniscal transplantation, it is recommended that the patient be of young age of 20-45 years, and must not have evidence of mild to severe localized arthritic condition appearing on standing x-ray. In addition Grade IV Modified Outerbridge Scale must not be present. In this case the claimant is 60 years of age and has evidence on magnetic resonance imaging (MRI) of the right knee of Grade IV changes on the femoral side of the knee joint. Therefore guideline criteria have not been met and determination is not medically necessary.

**Surgical Assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.