

<b>Case Number:</b>	CM14-0154770		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Neurological Surgery, Orthopedic 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 patient is a 66 year old male who was injured on 02/21/2014. The mechanism of injury is unknown. MRI of the right knee dated 07/07/2014 revealed mild signal alteration office note dated 08/07/2014 states the patient presented with complaints of ongoing pain and stiffness to his lumbar spine radiating down to left leg. He also reported persistent pain to his left knee. On exam, there is trace induration over the medial joint line. There is tenderness to palpation over the medial and lateral joint lines and pain to varus and valgus stressing. McMurray and downward Apley's testing are positive. Range of motion of the left knee remains limited with flexion to 95 degrees and extension to 0 degrees. The patient is diagnosed with left lower extremity radiculopathy and internal derangement of the left knee. The patient has been recommended to undergo a left knee diagnostic video arthroscopy for his ongoing pain and symptomatology. Prior utilization review dated 08/22/2014 states the request for Left Knee Diagnostic Video Arthroscopy w/ Intra-Articular Surgery & Debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Diagnostic Video Arthroscopy w/ Intra-Articular Surgery & Debridement:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 1020-1021.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tear is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. The clinical information provided for review lacks documentation related to the injured worker's use of physical therapy. Therefore, the medical necessity for Left Knee Diagnostic Video Arthroscopy w/ Intra-Articular Surgery & Debridement is not medically necessary based on guidelines and lack of documentation.