

<b>Case Number:</b>	CM14-0157505		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 40-year-old male who reported an injury on 10/15/2013. The injured worker reportedly slipped and twisted his left knee. The current diagnoses include left knee previous ACL tear with medial meniscal tear and left knee osteoarthritis with chondromalacia. The injured worker was evaluated on 07/17/2014 with complaints of constant slight pain in the left knee with intermittent popping, locking and giving way. Physical examination revealed a limping gait, an inability to perform toe gait, tenderness over the anteromedial aspect of the knee, slight swelling, slight effusion, diffuse swelling of the left lower extremity, mild crepitation, positive McMurray's test and Apley's test, and positive anterior drawer test with limited range of motion. Treatment recommendations at that time included a left knee arthroscopy with joint debridement. It is noted that the injured worker has been previously treated with physical therapy and bracing. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy joint debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee & Leg, Diagnostic arthroscopy, Meniscectomy, ChondroplastyCA MTUS ACOEM, Knee Complaints 2nd edition, 2008, page 1021-1022; Surgical considerations Meniscus tears

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of musculature around the knee. As per the documentation submitted, the injured worker has been previously treated with physical therapy and bracing. However, there was no imaging studies provided for this review. Therefore, the request for a left knee arthroscopy joint debridement is not medically necessary and appropriate.