

<b>Case Number:</b>	CM14-0178882		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Surgeon, has a subspecialty in Adult Reconstruction Surgery and is licensed to practice in Alabama. 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 53-year-old female who reported injury on 05/29/2014. The mechanism of injury was not provided. The injured worker underwent an MRI of the left knee dated 09/18/2014 which revealed a complex tearing of the posterior horn of the medial meniscus. There was a radial free edge tear at the periphery of the body of the lateral meniscus. There was a low grade pes anserine bursitis. There was moderate chondromalacia of the articular cartilage overlying the medial joint compartment. The injured worker underwent an MRI of the right knee on 09/18/2014 per the physician documentation which revealed a complex tearing of the posterior horn of the body of the medial meniscus. There was an oblique flap tear extending to the inferior articular margin of the posterior horn of the lateral meniscus. There was a low grade pes anserine bursitis. There was moderate grade chondromalacia of the articular cartilage overlying the medial knee joint compartment. Surgical history was not provided. Other therapies included physical therapy. The mechanism of injury was the injured worker was unloading a truck and she fell and hit her knees on the ground and twisted her right ankle. The injured worker was noted to be on Nabumetone 750 mg 1 tablet twice a day and acetaminophen 500 mg capsules. The injured worker was utilizing knee braces and an air cast on the ankle. Prior treatments included a cast on the ankle and knee braces. The injured worker underwent x-rays of the bilateral knees revealing no fractures or abnormalities. Documentation of 10/06/2014 revealed the injured worker's pain was severe, especially of the right and left knee, and to a lesser extent the right ankle. The physical examination revealed the injured worker's gait pattern was normal, and she was full weight bearing on the lower extremities. The injured worker had swelling. There was no prominence of the medial collateral ligament area of the medial femoral condyle. There was an effusion. The injured worker had flexion of 135 degrees bilaterally and normal extension. There was medial joint line tenderness. The injured worker had a positive

McMurray's sign and a positive grind sign and a positive Apley sign. Injured worker's strength of the bilateral lower extremities was 5/5. Sensation was intact. Knee jerks and ankle jerk reflexes were 2+. The diagnoses included bilateral internal knee derangement and right ankle sprain. The treatment plan included a surgical arthroscopy of the bilateral knees. The documentation indicated the right was more painful and the physician would proceed with a right knee arthroscopy first. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Knee Arthroscopy: Upheld**

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that surgical consultations are appropriate for patients who have activity limitation for more than 1 month and who have had a failure of exercise programs to increase range of motion and the strength of the musculature around the knee. Additionally, they indicate that for a meniscus tear there is documentation of symptoms other than pain, including locking, popping, giving way and recurrent effusion with clear signs of a bucket handle tear on examination, including tenderness over the suspected tear, but not over the entire joint line and perhaps lack of full passive flexion, and there should be consistent findings on MRI. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the specific procedure being requested. While the injured worker had not undergone conservative care, the injured worker had a tear which would not respond to therapy. Given the above and the lack of documented procedure being requested, the request for right knee arthroscopy is not medically necessary.

#### **Left Knee Arthroscopy: Upheld**

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that surgical consultations are appropriate for injured workers who have activity limitation for more than 1 month and who have had a failure of exercise programs to increase range of motion and the strength of the musculature around the knee. Additionally, they indicate that for a meniscus tear there is documentation of symptoms other than pain, including locking, popping, giving way and recurrent effusion with clear signs of a bucket handle tear on

examination, including tenderness over the suspected tear, but not over the entire joint line and perhaps lack of full passive flexion, and there should be consistent findings on MRI. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the specific procedure being requested. While the injured worker had not undergone conservative care, the injured worker had a tear which would not respond to therapy. Given the above and the lack of documented procedure being requested, the request for left knee arthroscopy is not medically necessary.