

<b>Case Number:</b>	CM14-0180064		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/27/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Orthopaedic 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:

This 57-year-old female sustained an industrial injury on 8/27/07. She was employed in airline fleet service and injured her left knee, left wrist, and right shoulder and biceps while off-loading luggage from an aircraft. She did not return to work following the injury. The 5/6/14 treating physician report documented no prior treatment for the left knee. There were complaints of intermittent moderate left knee pain with popping and swelling. Physical exam documented moderate medial joint line tenderness, moderate tenderness over the flexor medial or lateral retinaculum, negative ballottement test, 4+/5 knee strength, normal patellar tracking, and positive valgus stress and McMurray's tests. Range of motion was documented as 10-100 degrees with moderate pain and mild crepitus. A left knee MRI was recommended for a diagnosis of probable left medial meniscus tear. The 5/29/14 left knee MRI impression documented a through-and-through radially oriented tear affecting the posterior horn of the medial meniscus and a horizontal tear component. There was truncation along the free-edge through the mid-zone. There were chronic medullary infarcts throughout the femur as well as the upper pole of the patella. There were mild tricompartmental osteoarthritic changes with osteophytic ridging and advanced partial thickness chondral loss most prominently affecting the patellofemoral compartment. Multiple loose bodies were evidenced posteriorly. There was moderate size joint effusion with a large medial popliteal cyst. The 9/2/14 treating physician report cited intermittent left knee pain, up to grade 7/10. Kneeling was reported very painful. Going up stairs caused increased pain to 5/10. Range of motion was unrestricted. The knee popped when she walked. There was some left knee swelling. The patient had not received any treatment for the left knee. Physical exam was unchanged from 5/6/14. The diagnosis was symptomatic and refractory painful medial meniscus tear, left knee. The 9/30/14 utilization review denied the left knee

arthroscopic meniscal repair and associated requests as there was no information provided regarding conservative treatment.

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

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

#### **Operative arthroscopy debridement meniscus repair of the left knee: 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, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy

**Decision rationale:** The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been fully met. Records indicate that the patient presented on 5/6/14 for evaluation of left knee pain, popping and swelling. MRI findings documented a medial meniscus tear. The treating physician reported that the patient had not received any treatment for the left knee but stated symptoms were refractory. Evidence of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Medical clearance with internal medicine associates: 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.

#### **Crutches and anti-embolism stockings: 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.

**Postoperative physical therapy 2-3 times a week for six weeks:** 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.