

<b>Case Number:</b>	CM14-0184363		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 59 year old female with an industrial injury dated 06/02/06. Exam note dated 10/15/14 states the patient returns with neck, right shoulder and right knee pain. The patient complains that the right shoulder pain is increased with reaching, pushing, and pulling. She states that the right knee pain is increased with standing, walking, prolonged, repetitive climbing, and that the knee gives out. Upon physical exam of the cervical spine the range of motion was decreased and painful. There was evidence of tenderness to palpation of the cervical paravertebral muscles and left trapezius. There was also tenderness along the anterior shoulder, lateral shoulder, and posterior shoulder. The patient experienced pain along the AC joint palpation, and with impingement. There was swelling surrounding the right knee with an extension of 0 degrees, and flexion was noted as 90 degrees/140 degrees. The patient had pain when completing the McMurray's test on the right. MRI of the left knee 9/26/14 demonstrates tricompartmental chondral loss with possible medial and lateral meniscus tear. Diagnosis is noted as degeneration of cervical intervertebral disc, cervicgia, right AC joint sprain, right shoulder bursitis, right knee chondromalacia, and right knee meniscus tear. Treatment includes a right shoulder and right knee surgery; along with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, meniscectomy, chondroplasty & debridement with possible ACL shrinkage: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopic Surgery for osteoarthritis

**Decision rationale:** The California MTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 9/26/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to Official Disability Guidelines, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis the request for knee arthroscopy is not medically necessary.

**Associated surgical service: Post-Operative Physical Therapy to left knee QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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.

**Associated surgical service: Post-Operative Cold Therapy QTY: 10 (days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg (Acute & Chronic)

**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.

**Associated surgical service: TENS (transcutaneous electrical nerve stimulation) Unit QTY: 30 (days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg; (Acute & Chronic): Continuous-flow cryotherapy

**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.

**Associated surgical service: Crutches QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg; (Acute & Chronic)

**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.

**Associated surgical service: Left knee brace QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg; (Acute & Chronic)

**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.