

<b>Case Number:</b>	CM14-0184736		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 New York. 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 has a date of injury of August 28, 2012. The patient has chronic left knee pain. The patient has already had an MRI which is suspicious for meniscal tear. Patient continues to have chronic knee pain. The medical records do not clearly document to what extent the patient has had physical examination findings and to what extent conservative measures have been conducted. At issue is whether knee surgery and repeat MRI are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, MTUS Knee Pain Chapter.

**Decision rationale:** This patient does not meet criteria for knee surgery at this time. Specifically there is no documentation of adequate trial and failure of conservative measures for the treatment of knee pain. In addition there is no adequate documentation of physical exam findings. MRI

report is not clearly documented. Therefore, additional conservative measures for treatment of knee pain are not medically necessary.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, MTUS Knee Pain Chapter.

**Decision rationale:** Patient has early had an MRI that is suspicious for meniscal tear. There is no documentation of adequate trial and failure conservative measures for the treatment of knee pain. Rationale for additional MRI is not clearly documented in the medical records. Clinical need for additional MRI is not met. Therefore, this request is not medically necessary.