

<b>Case Number:</b>	CM14-0024896		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 47-year-old male who reported an injury on 08/16/2013. The mechanism of injury was not provided for review. The injured worker underwent an MRI on 10/17/2013 that documented there was a tear of the posterior horn of the medial meniscus. The injured worker underwent surgical intervention on 11/11/2013. This was followed by postoperative physical therapy. The injured worker was evaluated on 01/30/2014. The physical findings included right knee range of motion described as 0 degrees to 135 degrees with no evidence of effusion, medial joint line tenderness, lateral joint line tenderness, or any other type of mechanical symptoms. It was documented that the injured worker had undergone an MRI to support meniscus pathology. However, this was not provided for review. A request was made for right knee arthroscopy with meniscectomy and possible chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT KNEE ARTHROSCOPIC PARTIAL MENISCECTOMY WITH POSSIBLE CHONDROPLASTY: Upheld**

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

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

**Decision rationale:** The requested right knee arthroscopic partial meniscectomy with possible chondroplasty is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for knee injuries when there are functional deficits identified upon physical examination corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker previously underwent a left knee meniscectomy followed by postoperative physical therapy. However, the injured worker's most recent clinical documentation does not provide any evidence that the patient has received any conservative therapy directed toward the right knee in an attempt to prevent surgical intervention. Additionally, the clinical documentation did not include an imaging study of the right knee that identified a meniscus injury. Furthermore, the injured worker's physical evaluation did not identify any functional deficits that would require surgical intervention. As such, the requested right knee arthroscopic partial meniscectomy with possible chondroplasty is not medically necessary or appropriate.

**ASSISTANT SURGEON:** 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.

**PRE-OPERATIVE MEDICAL CLEARANCE H&P:** 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.

**COLD THERAPY UNIT FOR 7 DAY RENTAL:** 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 FOR PURCHASE:** 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.