

<b>Case Number:</b>	CM14-0026662		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 an 87-year-old male who reported an injury on 05/04/2009. The mechanism of injury involved a fall. Current diagnoses include a possible tear of the medial meniscus and a possible tear of the lateral meniscus with patellofemoral joint derangement. The injured worker was evaluated on 11/21/2013. Previous conservative treatment includes bracing. The injured worker reported persistent left knee pain. Physical examination revealed an antalgic gait, tenderness to palpation of the medial compartment, lateral compartment, patellofemoral compartment and crepitation at the patellofemoral compartment. The injured worker also demonstrated positive McMurray's testing and intact sensation with 5/5 motor strength. Treatment recommendations at that time included an MRI of the left knee and a prescription for physical therapy twice per week. It is noted that the injured worker underwent an MRI of the left knee on 12/05/2013, which indicated tricompartmental osteoarthritis, a Baker's cyst, an oblique tear involving the posterior horn of the medial meniscus and a globular increased signal intensity in the lateral meniscus, consistent with intrasubstance degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Pages 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic arthroscopy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the injured worker does demonstrate positive findings upon physical examination. The injured worker also demonstrates positive findings upon imaging studies. However, there is no mention of an attempt at conservative treatment, to include medications or physical therapy. Official Disability Guidelines state, prior to a diagnostic arthroscopy, there should be evidence of an attempt at conservative treatment to include physical therapy and medication management. Therefore, the injured worker does not currently meet the criteria as outlined by the California MTUS/ACOEM Practice Guidelines and the Official Disability Guidelines for the requested service. As such, the request is not medically necessary and appropriate.