

<b>Case Number:</b>	CM14-0027107		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 49-year-old male who reported an injury on 12/10/2013. The mechanism of injury was not stated. Current diagnoses included loose osteochondral bodies of the left knee and lateral meniscus tear. The injured worker was evaluated on 02/04/2014 with complaints of persistent left knee pain with activity limitation. Physical examination revealed medial and lateral joint line tenderness, 0 degree extension, and 135 degree flexion. Treatment recommendations at that time included a left knee arthroscopy for removal of loose bodies with meniscal debridement. It is noted that the injured worker underwent an MRI of the left knee on 01/14/2014, which indicated an intrasubstance ganglion cyst extending into the tibia, degenerative fraying of the lateral meniscus, a superior meniscal femoral ligament avulsion at the medial meniscus posterior horn, moderate medial and lateral tibial femoral degenerative arthritis, small joint effusion with multiple osteochondral loose bodies, and a thickened patellar tendon consistent with chronic tendinopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy visits:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.

**30 Day Rental Cold Therapy Unit from 2/11/14 through 3/28/14.:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. As such, the request is not medically necessary.

**Left Knee Loose body Removal and Chondromalacia Debridement between 2/11/2014 through 3/28/2014.:** 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.

**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, Loose body removal surgery (arthroscopy).

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for 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. The Official Disability Guidelines state loose body removal surgery is recommended where symptoms are noted consistent with a loose body after failure of conservative treatment. Arthroscopic surgery for treatment of osteoarthritis is not recommended. As per the documentation submitted for review, the injured worker's MRI does reveal multiple osteochondral loose bodies with a medial meniscus ligament avulsion. However, there is no documentation of significant functional limitation. The injured worker's physical examination only revealed medial and lateral joint line tenderness with 0 degree to 135 degree range of motion. There is also no mention of an exhaustion of conservative treatment. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.