

<b>Case Number:</b>	CM14-0029367		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and Colorado. 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 66-year-old male who reported an injury on 08/30/2013 due to a slip and fall that reportedly caused injury to the left knee. The injured worker underwent an MRI on 10/28/2013 of the left knee that documented that there was a small vertical tear in the undersurface of the medial meniscus. The injured worker was evaluated on 01/28/2014. Physical findings included range of motion described as 0 to 100 degrees secondary to pain with tenderness to palpation along the medial joint line with a positive bounce home test and a positive McMurray's test. The injured worker's diagnoses included a left medial meniscus tear. A recommendation was made for a left knee arthroscopy with partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine does recommend surgical intervention for the knee when there are clear clinical examination findings

supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the injured worker has participated in any type of active therapy to address his pain complaints. Although the injured worker has physical exam findings consistent with an MRI that concludes that there is a meniscus tear, in the absence of conservative treatments, surgical intervention would not be supported. Furthermore, the request as it is submitted does not specifically identify the requested surgery or which knee the surgery is being requested for. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested knee surgery is not medically necessary or appropriate.