

<b>Case Number:</b>	CM14-0029759		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 33-year-old male who reported an injury on 05/09/2013 through a jumping motion that caused a twisting injury to her left knee. The injured worker underwent an MRI on 01/17/2014 that demonstrated a discoid lateral meniscus with intrameniscal degeneration involving the anterior horn and intact medial meniscus. The injured worker's treatment history to date included corticosteroid injections, medications, and activity modifications. The injured worker was evaluated on 01/22/2014. Physical findings included mild medial joint line tenderness and 2 to 3+ patellofemoral crepitus. The injured worker's diagnoses included moderate to severe left knee patellofemoral osteoarthritis, and discoid lateral meniscus with potential for degenerative tear. The injured worker's treatment plan included medications, and a request for left knee arthroscopy.

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

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

**Decision rationale:** The request for left knee arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention to the knee when there is clear clinical exam findings supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has tenderness to palpation along the medial joint line with evidence of a possible mensical tear on the imaging study. There is documentation that the patient has failed to respond to multiple conservative treatments. However, the request as it is submitted does not clearly identify the surgical intervention being requested. Therefore, the appropriateness of the request cannot be determined. As such, the requested left knee arthroscopy is not medically necessary or appropriate.

**POST-OP PT 2X4:** Upheld

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

**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.