

<b>Case Number:</b>	CM14-0030477		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/06/2003
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Orthopaedic Surgery and is licensed to practice in California. 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 claimant is a 60-year-old female who was injured on March 6, 2003. The medical records provided for review document right knee complaints. The report of the January 22, 2014 right knee MRI identified a medial meniscal tear with focal full thickness cartilage loss in both the medial compartment and the patellofemoral/trochlear groove. The assessment of January 31, 2014 described continued complaints of pain in the knee with an examination of range of motion from 0 to 130 degrees, tenderness both medially and laterally, a positive McMurray's testing and full strength. The treating provider documented that the claimant had failed conservative care and recommended an arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

**Decision rationale:** Based on California ACOEM Guidelines, the request for right knee arthroscopy would not be indicated. ACOEM Guidelines recommend that arthroscopy in the

setting of meniscal tearing with degenerative arthritis yields less than favorable outcomes and indicates that arthroscopic procedures are not equally beneficial. The claimant's clinical records give a ten year history of pain complaints with a current MRI showing full thickness end stage cartilage loss to both the medial compartment as well the patellofemoral joint. While the MRI report identifies medial meniscal pathology, the large multicompartement degree of end stage degenerative change also seen would fail to support the acute need of an arthroscopic procedure. The request in this case would not be indicated.

**Post-op Physical therapy 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for right knee arthroscopy is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is not necessary.

**Cold therapy unit:** 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) Cervical, shoulder, lumbar, and knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-339.

**Decision rationale:** The request for right knee arthroscopy is not recommended as medically necessary. Therefore, the request for a cold therapy unit is not necessary.