

<b>Case Number:</b>	CM14-0030482		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/27/2014
<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 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 62-year-old male who reported an injury on 03/03/2009 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right knee. The injured worker ultimately underwent open reduction internal fixation of a right patellar fracture with no significant abnormalities. The injured worker underwent weight bearing x-rays on 11/20/2013 that documented the injured worker had a broken wire and 1 of the fixations pins was backing out anteriorly. The injured worker was evaluated on 02/10/2014. It was documented that the injured worker had persistent pain complaints related to the nonfunctioning hardware that interferes with his ability to walk. Physical findings included joint line tenderness with restricted range of motion described as 0 degrees to 110 degrees. The injured worker's postsurgical treatment history included multiple injections that did not provide significant relief. The injured worker's diagnoses included postsurgical pulmonary embolism, low back pain, and status post open reduction internal fixation of the patella fracture with subsequent knee pain. It was noted within the clinical evaluation that an MRI was not indicated due to the hardware of the knee. Therefore, it had not been requested previously. A request was made for arthroscopic debridement and removal of hardware.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee meniscectomy with hardware removal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 374, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle Chapter JAAOS Volume 14 (2); February 2006, p. 113-120.

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

**Decision rationale:** The requested right knee meniscectomy with hardware removal is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend knee surgery meniscal repair when there are physical evaluation findings consistent with identified pathology from an imaging study that has failed conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to injections and a home exercise program. It is noted within the documentation that the patient has medial joint line tenderness; however, there is no documentation of pathology identified on any type of imaging study or diagnostic arthroscopy to support the need for a meniscectomy. The injured worker does have retained broken hardware on an x-ray. As this could be the injured worker's main pain generator, the need for a right knee meniscectomy is not clearly indicated in this clinical situation. California Medical Treatment Utilization Schedule does not address hardware removal. Official Disability Guidelines do recommend hardware removal when there is evidence of broken hardware causing persistent pain. The clinical documentation does indicate that the injured worker has ambulatory limitations secondary to pain, resulting from the indwelling broken hardware. Therefore, removal would be indicated; however, both components of the request are not supported by guideline recommendations. Therefore, the request as a whole would not be supported. As such, the requested right knee meniscectomy with hardware removal is not medically necessary or appropriate.

**Polar care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are not medically necessary.