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| <b>Case Number:</b>   | CM14-0030834 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 08/13/2012 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/11/2014 |

### 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 Colorado, 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 51-year-old female who reported an injury on 08/13/2012. The mechanism of injury was the injured worker was on a trip and was in the pool with her boss and was getting out when she lost her footing and landed on her left flexed knee. Her prior treatments included physical therapy. The injured worker underwent an MRI of the lower extremity on 09/21/2012, which revealed there was overall moderate-grade injury to the medial supporting structures characterized by moderate-grade sprain of the tibial collateral ligament, disruption of the deep mensicofemoral and meniscotibial ligaments. There was evidence of a low grade sprain of the posterior oblique ligament and a partial tear of the medial patellofemoral ligament. There was an intrasubstance signal alteration in the posterior horn of the medial meniscus, which may reflect a meniscal contusion. There was a focal low grade articular cartilage loss of the medial femorotibial compartment. The documentation of 01/17/2014 revealed the injured worker had knee complaints times 18m. The injured worker had occasional mechanical locking, and giving way. The injured worker had positive swelling, and pain over the medial aspect. The physical examination revealed the injured worker positive joint line tenderness, a negative Lachman's, a questionable McMurray's, positive crepitus, and no valgus or varus instability. The diagnosis was current left knee meniscus tear. The treatment plan included an arthroscopy of the left knee with debridement. Additionally, the request was for 12 postoperative physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy, debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (updated 11/29/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Chondroplasty.

**Decision rationale:** The Official Disability Guidelines indicate the criteria for a chondroplasty requires conservative care of medications or physical therapy and joint pain and swelling, and effusion or crepitus or limited range of motion, plus a chondral defect on MRI. There was documentation that the injured worker had joint pain and swelling and crepitus. There was a lack of documentation of a failure of medications and physical therapy. The clinical documentation submitted for review failed to provide documentation of a chondral defect on MRI. Given the above, the request for a left knee arthroscopy debridement is not medically necessary.