

<b>Case Number:</b>	CM14-0031098		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	02/14/2014
<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 New York. 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 patient reported a date of injury of 27 February 2009. The patient injured her knee when walking down stairs. She was treated with cortisone injection. MRI in 2009 showed a tear of the posterior horn of the medial meniscus. Tricompartamental osteoarthritis was noted at that time. High grade cartilage loss in the medial and lateral patellar facets was also noted. The patient also had shoulder pain and has been treated for shoulder problems. The medical records do not contain any documentation of physical examination or conservative care of the knee during the last 5 years. The patient was recently is referred for knee evaluation and physical examination in January 2014 and showed no tenderness in the patellofemoral compartment but there was medial joint line tenderness and lateral joint line tenderness along with the decreased range of left knee motion. McMurray's test was positive. Ligaments were stable. X-rays of the left knee showed narrowing of the medial compartment. At issue is whether arthroscopic knee surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE DIAGNOSTIC ARTHROSCOPY WITH MENISCECTOMY:** 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.

**Decision rationale:** This patient does not meet established criteria for knee arthroscopy at this time. Specifically the medical records do not document a recent trial and failure of conservative measures to include physical therapy. The patient had a history of a knee injury 5 years ago. A recent trial and failure physical therapy is not documented. More conservative measures need to be tried and failed prior to considering the surgery. In addition the patient does not have any red flag indicators for knee surgery such as fracture, tumor, or severe locking with loss of motion. The patient's MRI is over 5 years old. Additional more recent imaging studies and a trial and failure of physical therapy are required. Knee arthroscopy is not medically necessary at this time.

**ASSISTANT SURGEON:** 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.

**Decision rationale:** Since the knee surgery is not medically needed, than all other associated items are not needed.

**PRE-OP EKG, CBC, CMP:** 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.

**Decision rationale:** Since the knee surgery is not medically needed, than all other associated items are not needed.

**POST-OP NORCO 5/325MG, #60:** 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.

**Decision rationale:** Since the knee surgery is not medically needed, than all other associated items are not needed.

**POST OP PHYSICAL THERAPY FOR THE LEFT KNEE, 2 TIMES A WEEK FOR 12 WEEKS:** 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.

**Decision rationale:** Since the knee surgery is not medically needed, than all other associated items are not needed.

**POST OP COLD THERAPY UNIT, FOR 7 DAYS OR PURCHASE:** 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.

**Decision rationale:** Since the knee surgery is not medically needed, than all other associated items are not needed