

<b>Case Number:</b>	CM14-0031932		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 56 year old male who reportedly underwent previous right knee arthroscopy and medial meniscal repair in 2012. Degenerative changes were noted in the medial compartment and patellofemoral joint at that time. Repeat MRI May 2014 noted degenerative changes in the medial and patellofemoral compartments. There was not an obvious recurrent medial meniscus tear noted. I was not able to find documentation of a physical exam or mention of conservative modalities for treatment. The request has been made for repeat right knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The patient had a previous right knee arthroscopy in 2012 at which time significant degenerative changes were noted. A repeat MRI in May 2014 demonstrated no evidence of recurrent tear. The submitted records included no physical examination, and there

was no documentation of failure of conservative treatments. As such, the request for the Repeat Arthroscopy is not medically necessary.