

<b>Case Number:</b>	CM14-0047513		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/21/2009
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 California and Utah. 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 31-year-old female who reported an injury on 06/21/2009. The mechanism of injury was not specifically stated. The current diagnosis is knee pain. The injured worker was evaluated on 03/25/2014 with complaints of persistent right knee pain. It is noted that the injured worker has been previously treated with physical therapy and a stabilizing brace. The injured worker reports pain and swelling with increased load on the right knee. Physical examination revealed positive tenderness to the patellar tendon and mild boggy to the patella tendon. The treatment recommendations included a right knee arthroscopy to evaluate patellar cartilage. It is noted that the injured worker underwent an MRI of the right knee on 02/22/2014, which indicated a patellar tilt.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: knee & Leg.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. As per the documentation submitted, the injured worker underwent an MRI of the right knee on 02/22/2014, which only indicated a patellar tilt. Symptoms could be related to the patellar tendon, which is not something that typically responds to surgery. Further conservative treatment with physical therapy and a steroid injection may be warranted. The medical necessity for the requested procedure has not been established.

**Cold therapy unit, rental for fourteen days.:** 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, none of the associated services are medically necessary.

**Post operative physical therapy twelve visits for the right knee.:** 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, none of the associated services are medically necessary.