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| <b>Case Number:</b>   | CM14-0050363 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 05/11/2013 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 52-year-old female who reported injury on 05/11/2013. The injured worker underwent physical therapy. The injured worker underwent a right knee arthroscopy for a right posteromedial meniscus tear and patellofemoral chondromalacia. The mechanism of injury was the injured worker tripped while going up the stairs. The injured worker had a left knee arthroscopic surgery with partial medial meniscectomy, chondromalacia, and complete synovectomy, as well as an intra-articular injection of the joint. The injured worker's right knee surgical intervention was on 09/19/2013. The procedure performed was an arthroscopic partial medial meniscectomy, synovectomy, and chondroplasty. Physical examination of 02/26/2014 revealed the injured worker had an MRI that was performed recently to evaluate left persistent postoperative pain. The physical examination of the left knee revealed the range of motion was 125 degrees in flexion. The injured worker had a significantly positive patellofemoral grind test and patellar apprehension test. The calf compartments were soft and compressible. There was no varus and valgus stress laxity. There was a negative anterior and posterior drawer sign and a negative Lachman's. Motor strength was 5/5. The deep tendon reflexes were 2+ bilaterally. The physician documented the injured worker had an MRI of the left knee on 02/24/2014, which revealed diminutive body of the medial meniscus that was most likely postsurgical, consistent with prior partial medial meniscectomy. There was a longitudinal oblique increased signal within the body of the medial meniscus extending to the inferior articular surface that demonstrated contrast infiltration on post contrast imaging, suggestive of a recurrent tear in the medial meniscus fragment remnant. There was severe chondromalacia within the weight-bearing aspect of the medial joint compartment with a marrow edema along the outer aspect of the medial femoral condyle, most likely representative of reactive bone marrow edema. There was a moderate sized popliteal cyst. The diagnoses included left knee severe medial compartment

osteoarthritic changes and more recent acceleration of progress due to meniscal tear and arthroscopic partial meniscectomy. The treatment plan included the injured worker was requesting that they go ahead with the left knee arthroscopy with partial medial meniscectomy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left knee arthroscopy with partial medial meniscectomy: Upheld**

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

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

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and failure of exercise program. Additionally, there should be clear clinical evidence of a meniscus tear, including symptoms other than pain, locking, popping, and giving way or recurrent effusion, and there should be clear signs of a bucket handle tear on examination, including tenderness over the suspected tear but not over the entire joint line, and there should be consistent findings on magnetic resonance imaging (MRI). The clinical documentation submitted for review indicated, per the physician documentation, the injured worker had findings on MRI. However, the official read was not provided with the documentation. There was a lack of documentation of objective findings of a bucket handle tear. Given the above, the request for left knee arthroscopy with partial medial meniscectomy is not medically necessary.

#### **1 pair of crutches: 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.

#### **7 days rental of Cold Therapy Unit: 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.

**Pre-operative clearance:** 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.