MAXIMUS Federal Services

| Case Number: | CM14-0054537 | | |
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| Date Assigned: | 07/09/2014 | Date of Injury: | 11/29/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 04/16/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

## 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. 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 claimant is a 38-year-old female who sustained an injury to the right knee on 11/29/13. Clinical records for review include the report of an MRI dated 01/28/14 identifying no evidence of meniscal pathology or focal chondral defects; the report was essentially negative. Plain film radiographs reviewed from 12/02/13 showed minimal medial compartment narrowing bilaterally, but right greater than left. The documentation of office report dated 03/19/14 revealed continued complaints of pain in the right knee, worse with activities and weight bearing. Physical examination findings showed positive medial McMurray's testing, no effusion, and no ligamentous laxity or instability with full range of motion. Based on the claimant's failed conservative care including therapy, medication management, activity restrictions and work modifications, the recommendation was made for right knee arthroscopy and meniscectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY:**
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** Based on California MTUS ACOEM Guidelines, the request for right knee arthroscopy and partial medial meniscectomy cannot be recommended as medically necessary. The claimant's current clinical imaging fails to demonstrate meniscal pathology or any internal finding of the knee. The claimant's radiographs demonstrated mild degenerative change of the medial compartment of the knee. Without documentation of imaging findings consistent with pathology for the proposed surgery, the acute need for surgical process would not be supported. The request is not medically necessary.

**POST OP PHYSICAL THERAPY 6 Units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.