

<b>Case Number:</b>	CM14-0056277		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Mississippi. 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 records presented for review indicate that this 65 year old female was reportedly injured on September 16, 2013. The mechanism of injury is noted as tripping over an extension cord. The most recent progress note, indicates that there are ongoing complaints of left hand/wrist pain and right knee pain. The physical examination of the right knee demonstrated range of motion from 0 to 95 degrees. There was tenderness along the medial joint line and a positive McMurray's test. Crepitus was noted with range of motion. Diagnostic imaging studies of the right knee revealed degenerative arthritis and a chronic tear of the medial meniscus, and mixed with degeneration at the posterior horn of the lateral meniscus in a small joint effusion. Previous treatment is unknown. A request was made for a right knee arthroscopy and postoperative physical therapy and was not certified in the preauthorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Pages 346-347.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy, Updated August 25, 2014.

**Decision rationale:** This request for a knee arthroscopy does not specify the specific arthroscopic procedure; however it is assumed that this is for a request for a meniscectomy. According to the official disability guidelines a knee arthroscopy for a meniscectomy is not recommended for osteoarthritis in the absence of meniscal findings or in older patients with degenerative tears until after a trial of physical therapy. The injured employee is 65 years old and has findings of osteoarthritis on MRI. Additionally it is unknown if she has participated in physical therapy or not. For these reasons, this request for a knee arthroscopy is not medically necessary.

**Post Op Physical Therapy (no frequency /duration):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines.

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