

<b>Case Number:</b>	CM14-0061969		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Occupational Medicine, and is licensed to practice in Family Practice. 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 21, 2013. Thus far, the applicant has been treated with the following; analgesic medications, attorney representation, transfer of care to and from various providers in various specialties. MRI imaging of the knee of from December 19, 2013 is notable for articular cartilage thinning and degeneration plus tear of the medial meniscus, and a knee corticosteroid injection. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for a knee arthroscopy with associated laboratory testing and a preoperative evaluation. In an April 7, 2014 progress note, the applicant was described as having persistent complaints of knee pain with swelling. The knee injection was only temporarily helpful, it was stated. Low back pain had also developed, it was stated. The applicant exhibited tenderness about the medial knee without any evidence of an effusion. Work restrictions were endorsed. The progress note did seemingly suggest that the applicant had expressed concerns about his knee giving out. In an earlier note dated December 30, 2013, it was suggested that the applicant was not working owing to ongoing complaints of knee and back pain. In an applicant questionnaire dated November 24, 2013, the applicant reported persistent complaints of knee pain. The applicant did have comorbid diabetes. The applicant acknowledged that he was not working and that therapy and medications had helped only slightly.

### 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: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 347.

**Decision rationale:** As noted in the MTUS guidelines, arthroscopic meniscectomy or repair for severe mechanical symptoms is "recommended" in applicants who have serious activity limitations and MRI findings are consistent with meniscal tear. In this case, the applicant does, per the claims, administrator, have MRI findings notable for medial meniscal tear. The applicant does have significant activity limitations evident. The applicant is off of work. Time, medications, and physical therapy have failed to ameliorate the applicant's knee issues. Pursuit of the knee arthroscopy and partial medial meniscectomy procedure is therefore indicated. Accordingly, the request is medically necessary.

**Chondroplasty: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 347.

**Decision rationale:** This is a companion request, one which accompanies the primary request for a knee arthroscopy and partial medial meniscectomy procedure. As noted in the MTUS an arthroscopic meniscectomy procedure is "recommended" for applicants with findings consistent for a meniscal tear and associated mechanical symptoms and activity limitations also evident. In this case, as noted above, the applicant is off of work. The applicant has significant complaints of knee pain with associated swelling still evident. Obtaining a surgical remedy in the form of the arthroscopy-partial meniscectomy-chondroplasty procedure at issue is indicated. Therefore, the request is medically necessary.

**Pre-op labs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article.

**Decision rationale:** It is not clearly stated what preoperative labs are being sought. The MTUS does not address the topic. As noted in Medscape's Preoperative Testing article, only in certain operations, such as vascular surgery and coronary artery bypass graft, is diabetes associated with higher perioperative risks. While routine blood sugar determination is recommended in

applicants with diabetes set to undergo vascular surgery and/or CABG surgery, in this case, however, the applicant is set to undergo a relatively minor knee arthroscopy, a procedure for which Medscape does not recommend routine preoperative blood glucose testing. Therefore, the request is not medically necessary.

**Medical Clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Evaluation and Management article.

**Decision rationale:** The MTUS does not address the topic. However, Medscape does acknowledge that the additional time invested in preoperative evaluation yields an improved physician-applicant relationship but often reduces surgical complications. The requesting provider is apparently an orthopedist. Obtaining the added expertise of a physician specializing in preoperative risk evaluations is indicated, particularly given the applicant's issues with diabetes. Therefore, the request is medically necessary.

**Walker:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** As noted in the MTUS, maximizing rather than minimizing activities is recommended. Weight bearing exercises should begin as soon as possible. In this case, it is by no means certain and by no means evident that the applicant would require postoperative usage of a walker following a relatively minor knee arthroscopy procedure as has been endorsed, above. No applicant-specific rationale for usage of the walker in question was proffered by the attending provider. Therefore, the request is not medically necessary.