

<b>Case Number:</b>	CM14-0067377		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

29 year old male claimant with an industrial injury dated 01/26/12. MRI of 11/23/13 states there was no visualized abnormal marrow signal to suggest fracture or lesion. Also the medial and lateral menisci are noted as within normal limits. However, there was mild lateral displacement of the patella with respect to the intercondylar groove of the femur with increasing flexion; but no patellar subluxation is observed and no dysplasia is noted. The testing impression is states as a partial-thickness tear of the anterior cruciate ligament, mild lateral displacement of the patella with respect to the intercondylar groove of the femur with increasing flexion. Exam note 01/13/14 states the patient returns with knee pain. There was no evidence of tenderness and spasm in the paravertebral muscle, the spinous processes and flank. The patient had a straight leg raising of 90 degrees on the right and 90 on the left with no back pain. The Lasegue test was noted as negative. There was evidence of swelling surrounding the right knee, and medial/lateral joint line tenderness is noted on the right. Exam note 03/11/14 states the patient returns with right knee pain. Upon examination there was an obvious surgical scar from the previous right knee surgery that was done on 04/24/13. The patient was diagnosed with a partial ACL tear. Treatment plan includes a right knee surgery, and a steroid injection to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision surgery of the Right Knee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion)According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/11/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. The MRI from 11/23/13 does not demonstrate evidence of meniscal pathology. Therefore the determination is for non-certification.

**Steroid injection to the Right Knee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, 346.

**Decision rationale:** CA MTUS/ACOEM Chapter 13, Knee complaints pages 337, 346, states that cortisone injections are optional in the treatment of knee disorders and are not routinely indicated. The exam notes from 3/11/14 do not document physical examination findings indicating functional deficits to support the necessity of the requested injection. Therefore the determination is not medically necessary and appropriate.