

<b>Case Number:</b>	CM14-0072322		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 50 year old female with a 9/30/11 date of injury. She was attacked by a dog at her job site. The dog bit her left leg and then pushed her against a car. A progress report dated 4/3/14 shows subjective complaints of left knee pain, giving way, and temporary relief from a cortisone injection given 8-9 months prior. Objective findings included left quad atrophy, stable ligaments, no effusion, ROM 0-130 degrees, medial joint line tenderness, 1+ anterior drawer, and pain with McMurray's test. A post-operative MRI on 9/9/13 showed postsurgical changes of the ACL reconstruction and a small joint effusion, and no evidence of meniscal tear or visible cartilage defect. An independent evaluator on 10/25/13, did not recommend a repeat surgery since there did not appear to be any ligamentous laxity that would suggest an incompetent ACL graft. Instead, he was concerned with an increased Q-angle and patellofemoral subluxation. Diagnostic impression: left knee residual instability s/p ACL reconstruction. Treatment to date: left knee brace, physical therapy, corticosteroid injection, left knee arthroscopy with ACL reconstruction (11/2012), home exercise, medication management. A UR decision dated 4/17/14 denied the requests for left knee arthroscopy, cold therapy unit, and postoperative physical therapy. The surgical request was denied on the basis that the patient has ongoing complaints of left knee pain despite a previous surgical intervention, and there is no new MRI to document the patient's existing pathology. The cold therapy and physical therapy requests were denied secondary to the surgical request being denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**12 sessions of post operative physical therapy: 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.

**Left Knee Arthroscopy and Lateral Partial Meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines Page(s): 13-27.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. However, the request for left knee arthroscopy with lateral meniscectomy cannot be justified since the last documented MRI did not show evidence of a meniscal tear. In addition, the cartilage appeared normal. There were postsurgical changes of the ACL graft but it otherwise appeared intact. An independent evaluator on 10/25/13, did not recommend a repeat surgery since there did not appear to be any ligamentous laxity that would suggest an incompetent ACL graft. Instead, he was concerned with an increased Q-angle and patellofemoral subluxation. Therefore, the request for left knee arthroscopy and lateral partial meniscectomy is not medically necessary.