

<b>Case Number:</b>	CM14-0093600		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 gentleman who injured his right knee on 09/04/12. The clinical records for review include an magnetic resonance imaging (MRI) report dated 04/22/14 that showed near regular signal of the mid portion of the medial meniscus, related to a previous tear and no displacement of the tissue. There was noted to be mild degenerative changes of the medial femoral tibial component and a small joint effusion. The follow up report of 05/07/14 described continued use of a knee brace with tenderness noted along the medial joint line, restricted range of motion and no patella femoral findings. Plain film radiographs revealed joint line narrowing, isolated to the medial compartment. Based on failed conservative care, the recommendation was made for knee arthroscopy with meniscectomy, chondroplasty and microfracture procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Diagnostic Tests (EKG and Chest X-Ray):** 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), Criteria for Preoperative electrocardiogram (ECG): High Risk Surgical Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**1 History and Physical Examination:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**1 Right Knee Arthroscopy with Meniscectomy and Chondroplasty with Possible Microfracture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Microfracture surgery (subchondral drilling).

**Decision rationale:** California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, supported by the Official Disability Guidelines do not recommend the request for Right Knee Arthroscopy with Meniscectomy and Chondroplasty with Possible Microfracture as medically necessary. ACOEM Guidelines state that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The imaging report does not identify an isolated full thickness cartilage loss to support the request for a microfracture. There is also no documentation of acute meniscal pathology as the magnetic resonance imaging (MRI) shows a signal change of the meniscus with underlying degenerative arthritis. There is also no documentation of conservative treatment offered to the claimant. Therefore, the medical records provided for review in accordance with ACOEM Guidelines do not support the need for the proposed surgery as medically necessary.

**1 Pre-Operative Laboratory Works:** 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), Treatment Index, 11th Edition (web), 2013, Low Back, Preoperative lab testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

