

<b>Case Number:</b>	CM14-0096923		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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 56-year-old female who sustained a vocational injury on January 24, 2013 when she was unloading milk crates from a pallet and caught her left foot in a plastic scrap and fell forward landing on her knees. The medical records provided for review document the working diagnosis is synovitis of the left knee with internal derangement and degenerative meniscal injury. The office report dated June 26, 2014 noted knee joint pain, swelling and the kneecap felt "out of place". Physical examination showed tenderness to palpation medial and inferior of the joint line, flexion and extension elicited pain with motion of the knee and McMurray's test of the knee was positive. Conservative treatment to date includes medication, physical therapy, and activity modification. The report of an MRI of the right knee dated April 8, 2014 showed osteoarthritic changes without evidence of internal derangement, ganglionic cystic changes associated with the proximal tibiotalar joint and adjacent myotendinous popliteus musculature that could represent sequelae of the degenerative changes and/or prior popliteus injury. This request is for a right knee diagnostic arthroscopy with possible meniscectomy and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee diagnostic arthroscopy with possible meniscectomy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 06/05/2014) Official Disability Guidelines Indications For Surgery.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13, Knee Complaints, page 343-345, and on the Non-MTUS Official Disability Guidelines (ODG); Knee and Leg chapter.

**Decision rationale:** The California ACOEM and Official Disability Guidelines do not support the request for right knee diagnostic arthroscopy with possible meniscectomy and debridement. ACOEM Guidelines state that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. There is a lack of menisci pathology on the most recent MRI available for review from April of 2014. Subjective complaints and physical exam objective findings, diagnostic studies seem to suggest that the claimant is suffering from degenerative symptomatology of the right knee and in such a case prior to considering surgical intervention, especially in the form of arthroscopy, claimant's should attempt, fail and exhaust all available conservative treatment options which should include antiinflammatory, activity modification, formal physical therapy, home exercise program, weight loss, and injection therapy along with consideration of bracing. Therefore, based on the documentation presented for review and in accordance with California ACOEM and Official Disability Guidelines, the request for right knee arthroscopy, possible meniscectomy and debridement are not medically necessary.

**PO (post-operative) PT (Physical therapy) 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**PO (post-operative) crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee & Leg (updated 06/05/2014) Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter - Walking Aids.

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

