

<b>Case Number:</b>	CM14-0163825		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Spine Surgeon and is licensed to practice in New York. 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 patient has had a right knee injury. The patient had right knee surgery in April 24, 2014. The patient continues to have knee pain at the surgery. He takes narcotic medications. On physical examination he has decreased range of motion in flexion to 120. The patient has extension to 0. There is joint pain and discomfort on motion. The patient has crepitus with knee motion. At issue is whether additional right knee surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee meniscectomy and debridement possible loose body removal:** 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 MTUS knee pain chapter

**Decision rationale:** This patient does not meet established criteria for repeat knee surgery at this time. Specifically the medical records do not document a physical examination that shows significant loss of motion or significant instability or knee locking. In addition the medical records do not document a trial and failure of adequate conservative measures for the treatment of knee pain. There is no evidence of postoperative imaging studies to demonstrate significant

pathology requiring another knee surgery. Criteria for repeat knee surgery not met. Therefore the request is not medically necessary.