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| <b>Case Number:</b>   | CM14-0198814 |                              |            |
| <b>Date Assigned:</b> | 12/09/2014   | <b>Date of Injury:</b>       | 05/24/2014 |
| <b>Decision Date:</b> | 02/04/2015   | <b>UR Denial Date:</b>       | 10/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/26/2014 |

### 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:

This 39 year old man sustained an industrial injury on 5/24/2014 after twisting his knee while falling off of a stool and landing on his buttocks. Evaluations include left knee MRI on 6/23/2014, which shows no evidence of meniscal tear. Treatment has included chiropractic treatment, knee brace and cane for ambulation. Chiropractic notes from 7/16/2014 show a pain rating to the low back and left lower extremity of 7-8/10. The lumbar spine is noted to have a 25% global loss of range of motion with moderate paravertebral hypertonicity of muscle tone bilaterally. Strength and sensory measurements are normal. The left knee has a measured 30 degree loss of range of motion in flexion and 5 degree loss in extension with a 2+ effusion and good strength. Slight to moderate pain and tenderness was noted to the patellar tendon and posterior knee. Chiropractic notes from 10/28/2014 state that the worker is still awaiting an appointment with the pain specialist. The worker is designated temporarily totally disabled. There are no notes from other physicians submitted. On 10/30/2014, Utilization Review evaluated a prescription for left knee meniscectomy and debridement with associated 12 sessions of physical therapy and DME items crutches and knee brace. The UR physician notes that there is no known documented conservative care and no radiological evidence of a meniscal tear. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy meniscectomy and debridement:** Upheld

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

**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, 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 10/28/14 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. Therefore the determination is for non-certification.

**Associated surgical service: Physical therapy 12 sessions, left knee:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: DME, crutches and knee brace:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.