

<b>Case Number:</b>	CM14-0203309		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 injured worker is a 58 year old female who got injured on the job on 2/19/2014. The injured worker was walking out of a client's room when she tripped over a wheelchair that had been left in the hallway sustaining injury to both knees and her low back. She is being managed for post traumatic lumbar spine strain/sprain, post traumatic right and left knee sprain/strain with anterior cruciate ligament, medial meniscal tears and osteochondral defects corroborated by MRI on the left. MRI of the left knee dated 10/27/2014 revealed anterior cruciate ligament tear, posterior horn medial meniscal tear, severe medial and lateral compartment osteoarthritis, small bakers cyst, small joint effusion, chondromalacia patellae, chondromalacia of the medial compartment with osteochondral defects in the medial femoral condyle and the medial tibial plateau. There was bone bruise or subtle erosion of medial and posterior aspect of lateral femoral condyle, erosion of proximal condyle and erosion of proximal tibia. Examination of her knees done on 10/30/2014 revealed right knee flexion of 110 degrees, extension 0 degrees, tenderness over medial and lateral joint lines with patella-femoral crepitus, for the left knee flexion was limited to 95 degrees, extension was 0 degrees. Her treatment options included arthroscopic decompression and repairs as indicated for the left knee. She is noted to have had conservative management which included physical therapy and medications. The request is for 1 left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy QTY: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Per MTUS referral for surgical consultation is indicated for patients who have activity limitation for more than one month and who have had failure of exercise programs to increase range of motion and strength of the musculature around the knee. She has multiple intra-articular derangements which include anterior cruciate ligament tear, posterior horn medial meniscal tear, which have not improved in over 8 months despite physical therapy and medications. Per MTUS guidelines, an anterior cruciate ligament (ACL) repair is only warranted in certain types of patients with consideration given to the patient's age, normal activity level and the degree of knee instability caused by the tear. ACL repair may provide substantial benefit to young active patients. Per MTUS guidelines, arthroscopic partial meniscectomy has a high success rate in cases where there is clear evidence of a meniscus tear on physical exam and MRI findings. Based on the injured workers complex clinical presentation and the guidelines, this request for 1 left knee arthroscopy is medically necessary.