

<b>Case Number:</b>	CM15-0007595		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 39-year-old male who reported an injury on 08/19/2012 due to an unspecified mechanism of injury. On 12/15/2014, he presented for a follow-up evaluation regarding his work related injury. It was stated that he had undergone an MRI of the right knee on 11/18/2014 which showed tears in the anterior and posterior horns of the lateral meniscus extending into the body and a full thickness cartilage defect on the lateral femoral condyle. He reported continuing to have pain in the lumbosacral area with radiation to the right lower extremity. He also continued to have pain in the right knee. A physical examination of the right knee showed positive ballottement test, range of motion was limited, and there was tenderness to palpation over the lateral femoral condyle and retropatellar area. His Lachmans and pivot shift tests were negative and McMurray's was questionably positive. His lower extremities were neurologically intact. He was diagnosed with status post 2 arthroscopic surgeries to the right knee, chondral defects of the lateral femoral condyle and trochlea of the right knee, lumbosacral sprain with facet arthropathy, peroneal and posterior tibial tendinitis of the right ankle, and peroneal bursitis of the left knee (resolved). The treatment plan was for a diagnostic right knee arthroscopy with possible meniscectomy and possible chondroplasty with associated surgical services. The rationale for treatment was to alleviate the injured worker's knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic right knee arthroscopy with possible meniscectomy and possible chondroplasty:**  
Upheld

**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:** According to the California ACOEM Guidelines, surgical consultation is indicated for those who have activity limitations for more than 1 month, failure of exercise programs to increase range of motion and strength around the musculature of the knee, and for those who have clear imaging indicating a deficit in the knee. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the right knee. However, there was a lack of documentation showing that he has tried and failed all recommended conservative treatment options to support the requested intervention. Also, the official MRI showing the tear and chondral defect of the knee was not provided for review. It was noted that he had undergone a CT with injection on 06/25/2014 to the right knee. However, the results were not provided. Therefore, the request is not supported. As such, the request is not medically necessary.

**Associated surgical service: Physical therapy two visits a week for six weeks:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Cryo unit seven day rental:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.