MAXIMUS Federal Services

| Case Number: | CM15-0008250 | | |
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| Date Assigned: | 01/26/2015 | Date of Injury: | 08/22/2013 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

## 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 30-year-old female who reported an injury on 08/22/2013 due to an unspecified mechanism of injury. On 11/12/2014, she presented for a followup evaluation with medial and lateral joint line tenderness. A physical examination showed medial and lateral joint line tenderness with flexion and extension of the bilateral knees, patellar crepitus noted bilaterally more so on the left side, and a positive McMurray's sign medially on the left. Motor strength was noted to be graded at a 4/5 of the left knee and she was ambulating with an antalgic gait. A followup report dated 01/14/2015 indicates that the requested arthroscopy had been denied due to a lack of documentation showing that the injured worker had undergone recommended conservative therapy. It was noted that the injured worker had declined injections as treatment. It was noted that she remained on temporary total disability at the time and her medications had been refilled as they were providing relief and maintaining her functional status. An MRI of the left knee dated 09/26/2013 showed a grade 1 through 2 degenerative signal of the posterior horn and anterior posterior horn of the lateral meniscus with no frank meniscal tear and no bone mass or fracture. It there was also normal tendinous and ligamentous structures. The treatment plan was for a left knee arthroscopy with chondroplasty. The rationale for treatment was to alleviate the injured worker’s symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with chrondoplasty:** 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): 343-345.

**Decision rationale:** According to the California/ACOEM Guidelines, a referral for a surgical consultation may be indicated for those who have activity limitations for more than 1 month and for those who fail exercise programs to increase range of motion of the musculature around the knee. Based on the clinical documentation submitted for review the injured worker was noted to be symptomatic regarding the left knee. However, there is a lack of documentation indicating that she has undergone all recommended conservative treatment such as physical therapy and injections to support the requested intervention. Without this information, the requested surgical intervention would not be supported. As such, the request is not medically necessary.