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| <b>Case Number:</b>   | CM15-0009157 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 09/04/2014 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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

### 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 female with a date of injury as 09/04/2014. The cause of the injury was related to climbing in and out of a bus placing extra stress on the left knee. The current diagnoses include left knee medial pain, effusion of the left knee, and medical meniscus tear-left. Previous treatments include medications and physical therapy. Report dated 01/23/2015 noted that the injured worker presented with complaints that included continued discomfort of the left knee, audible popping, and increased swelling. The physician noted that conservative treatments have been exhausted and the injured worker is unable to return to work. Physical examination revealed crepitus and tenderness in the left knee with positive Thessaly test with posterior medial knee pain reproduced. MRI of the left knee dated 10/22/2014 was included in the documentation submitted for review. The injured worker is not working. The utilization review performed on 01/09/2015 non-certified a prescription for Left knee arthroscopy, meniscectomy, Left knee arthroscopy, chondroplasty, possible microfracture based, Associated surgical service: Pre-op EKG and labs based on medical records did not document subjective complaints of a mechanical nature, appropriate physical examination findings and the MRI findings are minimal in nature for a meniscal tear. The MRI did not document a chondral lesion for which a chondroplasty would be indicated. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 MRI of the left knee from 10/22/14 does not demonstrate a significant meniscus tear. Therefore the determination is for non-certification.

**Left knee arthroscopy, chondroplasty, possible microfracture: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Chondroplasty, Microfracture surgery

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Chondroplasty

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty.Criteria include conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI from 10/22/14 does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the determination is for non-certification.

**Associated surgical service: Pre-op EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative electrocardiogram (ECG)

**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: Pre-op labs:** 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.