

<b>Case Number:</b>	CM15-0107178		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Indiana, Oregon  
 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 (IW) is a 56 year old male who sustained an industrial injury on 11/07/2008. He reported continuous trauma injury to his neck, bilateral shoulders, and upper and lower back, bilateral hips, bilateral feet, bilateral hands and fingers, psyche, Gastro esophageal reflux disease, sexual dysfunction, and sleep deprivation. The injured worker was diagnosed as having sprain/strain of neck, thoracic sprain/strain, cervicobrachial syndrome, and tear meniscus, current, and brachial neuritis/radiculitis. Treatment to date has included lumbar laminectomy at L4-L5 (05/26/2012), right knee medial and partial lateral meniscectomy, synovectomy, and lateral retinacula release, physical therapy, and MRIs. Currently, the injured worker complains of pain in the left knee. A MRI of the right knee showed a small knee effusion, normal soft tissues, and a suggestion of small tear of the posterior horn of the medial meniscus with superior articular extension, and a tear of the anterior cruciate ligament (02/04/2009). A MRI of the left knee on 08/28/2012 showed a degenerative signal in the horn of the medial meniscus near the superior articular surface without evidence of frank tear; a partial anterior cruciate ligament tear; mild chondromalacia patella; and a small joint effusion in the suprapatellar bursa. The treatment plan includes arthroscopic surgery, post op medications, and post op physical therapy. A request is made for Left knee diagnostic arthroscopy, partial medial meniscectomy, inclusive of pre-op medical clearance; Post-op Physical therapy 3x3e, Post-op Ultracet 375mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee diagnostic arthroscopy, partial medial meniscectomy, inclusive of pre-op medical clearance:** 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), Diagnostic arthroscopy, Meniscectomy, ACC/AHA 2007 Guidelines (<http://circ/ahajournals.org/cgi/content/full/116/17/e418>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**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 from 8/28/12 does not show clear evidence of a meniscus tear. Based on this the request is not medically necessary.

**Post-op Physical therapy 3x3:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Ultracet 375mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.