

<b>Case Number:</b>	CM15-0109522		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/13/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 48 year old female, who sustained an industrial injury on 9/13/14. She reported pain in her left knee while descending a flight of stairs. The injured worker was diagnosed as having left knee sprain, anterior horn lateral meniscal tear and chondromalacia changes at the medial femoral condyle. Treatment to date has included acupuncture x 6 sessions, physiotherapy x 6 sessions, a left knee MRI on 10/1/14 and a single point cane. Current medications include Anaprox and Tylenol #3. As of the PR2 dated 5/4/15, the injured worker reports ongoing left knee pain with locking, giving way and buckling. She rates her pain 7/10 with medications and 8/10 without medications. Objective findings include tenderness to palpation over the medial and lateral joint lines, a positive McMurray's test and left knee flexion is 75 degrees and extension is 0 degrees. The treating physician requested an arthroscopic evaluation, arthroscopic partial medial meniscectomy and debridement for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic evaluation, arthroscopic partial medial meniscectomy and debridement for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Lateral Release.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, Manipulation under anesthesia.

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia, "Recommended as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. Following total knee arthroplasty, some patients who fail to achieve >90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia." In this case there is sufficient evidence of failure of conservative management in the notes submitted from 5/4/15. Therefore the determination is for certification which includes debridement of the left knee. The request is medically necessary.