

<b>Case Number:</b>	CM15-0142613		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Montana, Oregon, Idaho  
 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:

This 63 year old female sustained an industrial injury to the neck, back, right knee and right shoulder on 3-21-06. Previous treatment included right knee medial and lateral meniscectomy and synovectomy (3-26-13), physical therapy and medications. In a progress note dated 6-23-15, the injured worker complained of worsening right knee pain. The injured worker reported that right knee arthroscopy (3-26-13) provided minimal relief. Physical exam was remarkable for right knee with some medial and lateral joint line tenderness to palpation without effusion or tenderness about the patella, stable to varus and valgus stress, negative Lachman's, negative anterior and posterior drawer and intact neurovascular exam. The physician noted that magnetic resonance imaging right knee (8-14-14) showed a moderately diminutive size of the medial meniscus with a mild degenerative tear, a diffuse horizontal tear of the lateral meniscus, mild to moderate tricompartmental cartilage loss and a small to moderate joint effusion. Current diagnoses included right shoulder partial rotator cuff tear and right knee medial and lateral meniscal tears. The treatment plan included right knee arthroscopy with partial meniscectomy and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy, Partial Meniscectomy: 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): 344-345.

**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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." In this case, the MRI from 8/14/14 demonstrates osteoarthritis of the knee with degenerative medial and lateral meniscus tears. The exam note from 6/23/15 does not note any mechanical symptoms to indicate surgery would be beneficial. In addition, there was a previous arthroscopy performed on 3/26/13, which provided minimal relief. Therefore, the guideline for surgical treatment have not been met and the requested surgical procedure is not medically necessary.

**Associated Surgical Service: Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.

**Post-Operative Physical Therapy; eighteen (18) sessions (3x6):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial

meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits and the requested surgical procedure is not medically necessary, the determination is for non-certification.

**Associated Surgical Service: Home Health care for first 72 hours around the clock, 4-6 hours for 3 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 51, Home Health Services are recommended only for medical treatment in patients who are home-bound on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health skilled nursing is recommended for wound care or IV antibiotic administration. In this case, however, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.