

<b>Case Number:</b>	CM15-0146933		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Oregon, Washington  
 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 is a 60 year old female with an April 1, 2014 date of injury. A progress note dated June 25, 2015 documents subjective complaints (constant severe pain in the cervical spine with radiation into the shoulders; thoracic spine pain; lumbar spine pain radiating to the legs; right elbow pain radiating down the forearm; right wrist and hand pain with numbness and tingling in the hand and fingers; right knee pain associated with swelling a radiating calf pain; knee occasionally gives out; right ankle and foot pain with swelling of the foot), objective findings (spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and bilateral sub occipital muscles; positive axial compression test bilaterally; positive distraction test bilaterally; positive shoulder depression test bilaterally; spasm and tenderness to the bilateral thoracic paraspinal muscles from T1 to T11; spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1; positive Kemp's test bilaterally; positive straight leg raise test bilaterally; Yeoman's positive bilaterally; decreased sensation to light touch at the L5 and S1 dermatomes on the right; spasm and tenderness to the right anterior wrist, right posterior extensor tendons, right thenar eminence and right hypothenar eminence; positive Tinel's test on the right; positive Bracelet test on the right; positive Phalen's test bilaterally; mild swelling of the right knee; spasm and tenderness to the right anterior joint line, vastus medialis and popliteal fossa; P-A Drawer test positive on the right. McMurray's test and grinding test positive on the right; spasm and tenderness to the right lateral malleolus; positive varus test on the right), and current diagnoses (cervical disc herniation without myelopathy; lumbar disc herniation with myelopathy; sciatica; tear of medial meniscus of the right knee; thoracic sprain and strain; medial and lateral epicondylitis of the right elbow;

tendinitis and bursitis of the right hand and wrist; right ankle sprain and strain). Treatments to date have included imaging studies, physical therapy, home exercise, interferential unit, use of a cane, medications, and acupuncture. The treating physician documented a plan of care that included a right arthroscopic surgery with partial medial meniscectomy and chondroplasty and associated services.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right arthroscopic surgery with partial medial meniscectomy and chondroplasty:** 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:** CA MTUS/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 exam notes from 8/3/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Finally the MRI of the right knee on 7/22/15 showed no evidence of a meniscal tear. Therefore the determination is not medically necessary.

**Pre-op medical clearance:** 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): 344-345.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Associated surgical service: Follow-up visit with range of motion measurement and addressing activity of daily living (ADLs):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmed/3685114>Gajdosik RL1, Bohannon RW. Physical therapy program, university of Montana, Missoula 59812- 1201

<http://www.ncbi.nlm.nih.gov/pubmed/2105693>Anderson JM1 - 1 school of Nursing, University of British Columbia, Vancouver, Canada.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints

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**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.