

<b>Case Number:</b>	CM15-0147867		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/02/2015
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Minnesota, Florida  
 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 25 year old female with a May 2, 2015 date of injury. She was struck on the anteromedial aspect of the knee by a drawer. A progress note dated June 30, 2015 documents subjective complaints (knee pain medially and anteriorly; occasional swelling and giving way of the knee), and objective findings (very palpable medial plica that reproduces pain in the right knee; tenderness along the lateral joint line consistent with a prior lateral injury; mild effusion with limited flexion in the weight bearing posture). The medical record notes a diagnosis of plica of the right knee. Treatments to date have included cortisone injection with benefits for a week, x-ray of the knee that was normal for any bony abnormality, and a knee support. The medical record indicates that the injured worker had a previous industrial injury to the right knee in 2013 but that most of the symptoms at that time were lateral. The treating physician documented a plan of care that included plica resection of the right knee and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APIA Right Knee with Plica Resection: 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.21437685>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** California MTUS guidelines indicate referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case there is no imaging study supporting the clinical diagnosis of a synovial plica. There is no documentation of an exercise rehabilitation program as part of a nonoperative treatment protocol prior to the surgical request. As such, in the absence of a trial/failure of nonoperative treatment and absence of an imaging study documenting the lesion for which surgery is requested, the surgical request is not supported and the medical necessity of the request has not been substantiated. Therefore the request is not medically necessary.

**Postoperative Physical Therapy Visits to the Right Knee QTY: 12.00: 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): 343.

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

**Associated Surgical Service: Cryotherapy of unspecified duration: 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): 343.

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

**Associated Surgical Service: Crutches QTY: 2.00: 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): 343.

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