

<b>Case Number:</b>	CM15-0148244		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 40-year-old female who sustained an industrial injury on 4-17-08 when she jumped onto sand and felt right knee pain and then a little while later her right foot got caught in a tree branch causing the right knee to twist further aggravating the right knee (per utilization review). She currently complains of increased right knee pain along the medial joint line and anterior aspect; increased back pain and radicular symptoms following a wet epidural (3-9-15). On physical exam of the lumbar spine there was pain on direct palpation of the facet joints, decreased sensation to touch at L5-S1 distribution of the right leg, straight leg raise bilaterally causes discomfort; right lower extremity showing significant edema with clear yellow fluid leaking from two lesions; left wrist and hand showed tenderness on palpation to carpometacarpal joint; right foot showed pain with direct palpation at the origin of the plantar fascia. Medications were diazepam, Percocet, Pennsaid Solution. Diagnoses include right knee medial compartment arthrosis; right knee medial meniscus tears; lumbago that increased following lumbar epidural; bilateral sciatica right worse than left; lumbar disc displacement; chronic pain syndrome; knee pain. Treatments to date include transcutaneous electrical nerve stimulator; heating pad; gel packs; lumbar (5-2014) epidural injection; steroid and viscosupplementation injections of the right knee without much improvement; home exercise program; medications. Diagnostics include MRI of the right knee (4-14-15) showing a patellofemoral high grade degenerative arthritic changes, bursitis, horizontal degenerative tear of medial meniscus, degenerative arthritis; right knee x-ray (4-3-15) showed bone on bone on medial aspect of her femur and tibia and loose body to posterior aspect of the right knee joint.

On 6-5-15, the treating provider's plan of care included requests for right knee arthroscopy to remove the loose bodies of prior meniscectomy; chronic pain management consult. On 7-2-15 Utilization review also evaluated a request for pre-operative preparation of intravenous Lactated Ringer's solution, per 6-5-15 order.

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

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

**Consultation with pain management specialist per 06/05/15 order:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Arthroscopy with loose body removal and partial medial meniscectomy of the right knee, under general anesthesia per 06/05/2015 order:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy.

**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 exam notes from 6/5/15 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. This patient has end stage osteoarthrosis with bone on bone contact however she is not a total knee arthroplasty candidate due to obesity. Therefore the determination is not medically necessary.

**Pre-operative preparation of IV (intravenous) Lactated Ringer's solution, per 06/05/2015 order:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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