

<b>Case Number:</b>	CM15-0165704		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

The injured worker is a 25 year old female, who sustained an industrial injury on 9-10-2013. She reported left knee pain after falling from a ladder. Diagnoses have included synovitis of the knee. Treatment to date has included anterior cruciate ligament reconstruction, physical therapy, injection and medication. Magnetic resonance imaging (MRI) of the left knee dated 5-16-2015 showed the internal meniscus was discoid in shape, but no evidence of meniscal tear. According to the progress report dated 7-9-2015, the injured worker complained of knee joint pain, knee joint stiffness, a clicking sensation in the knee and a grating sensation in the knee. Physical exam revealed warmth of the knee and tenderness to palpation of the knee. Knee motion was abnormal; pain was elicited by motion of the knee. It was noted that meniscal integrity tests were performed. Authorization was requested for left knee arthroscopy with meniscectomy and debridement, post-operative physical therapy and crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with meniscectomy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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)." 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 7/9/15 do not demonstrate evidence of meniscal symptoms such as locking, popping, giving way or recurrent effusion. The MRI of the 5/16/15 demonstrates a discoid meniscus, which is a normal anatomic variant seen in a certain percentage of the population, without evidence of tear. Therefore the determination is for not medically necessary.

**Post operative physical therapy for the left knee 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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

**Associated surgical services: Purchase for crutches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.