

<b>Case Number:</b>	CM15-0182137		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Indiana, Oregon  
 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 56 year old male with a date of injury on 11-28-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain status post OATS procedure. According to the progress report dated 8-10-2015, the injured worker complained of persistent pain over the medial and anterior aspect of the left knee. He was eight months status post OATS procedure. The physical exam (8-10-2015) revealed left knee range of motion 0-125 degrees. There was 1+ swelling over the anterior aspect of the knee with a small effusion. There was tenderness along the medial joint line. McMurray test was equivocal. Gait was antalgic. Treatment has included surgery, physical therapy, and medications. The physician noted (8-10-2015) that "magnetic resonance imaging (MRI) of the left knee demonstrates intact osteochondral autograft donor site and recipient sites with congruent subchondral bone plate. The overlying articular cartilage appears to be normal. There is a small area of edema posterior to the recipient bone graft." The original Utilization Review (UR) (8-24-2015) denied a request for left knee arthroscopy and related services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy, left knee Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** CA MTUS/ACOEM is silent on the issue of diagnostic knee arthroscopy. Per ODG knee, the criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT) AND 2. Subjective clinical findings 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings, therefore the request is not medically necessary.

**Post-operative physical therapy, 2 times a weekly, left knee Qty: 12:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Cold therapy unit, daily rental, left knee Qty: 7:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: crutches Qty: 1:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.