

<b>Case Number:</b>	CM15-0182653		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 35 year old male who sustained an industrial injury on 04-04-2014. The injured worker was diagnosed with left knee sprain and strain, internal derangement and left knee chondromalacia. According to the treating physician's progress report on June 24, 2015, the injured worker continues to experience left knee pain with some recurrent anterior knee symptoms. The injured worker rated his pain level at 4 out of 10 on the pain scale. Examination of the left knee demonstrated some tenderness over the patellofemoral articulation with positive patellofemoral grind test. Range of motion was noted as 0 to 130 degrees. The treating physician's most recent progress report on July 29, 2015 references the right knee as symptomatic with right knee pain and swelling with some tenderness over the patellofemoral articulation with positive patellofemoral grind test. Range of motion of the right knee was noted as 0 to 130 degrees. There was no varus or valgus instability. Prior treatments included diagnostic testing with left knee magnetic resonance imaging (MRI) post arthrogram injection on September 11, 2014 which documented ligaments were intact, no loose bodies seen, no significant popliteal cyst, normal musculature and mild patellar tendinosis with trace prepatellar soft tissue edema. Current medication was Ibuprofen. Treatment plan consists of the current request for outpatient left knee arthroscopy, medical clearance and post-operative physical therapy 2 times a week for 4 weeks. On 09-03-2015 the Utilization Review determined the request for outpatient left knee arthroscopy, medical clearance and post-operative physical therapy 2 times a week for 4 weeks was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left knee scope and arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**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); 2. Subjective clinical findings; and 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings. The MRI from 9/11/14 did not show any pathology requiring a surgical intervention. Therefore the request is not medically necessary.

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

**Post-op physical therapy 2 times a week for 4 weeks:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.