

<b>Case Number:</b>	CM15-0198936		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Illinois, California, Texas  
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 injured worker is a 43-year-old male who sustained an industrial injury on 12/10/10 when he twisted his right knee. Past surgical history was positive for right knee partial medial and lateral meniscectomies with chondroplasty and loose body removal in March 2011. The 6/3/15 treating physician report indicated that the injured worker fell getting out of bed due to right knee weakness in May 2015. Complaints included neck, upper back, radicular lower back, left elbow, bilateral knee, and bilateral foot pain. Physical exam documented his cane was stable with good stopper. There was diminished right mid-anterior thigh, mid-lateral calf, and lateral ankle sensation. The treatment plan recommended left knee Synvisc injection and right knee arthroscopy. The 9/2/15 treating physician report cited complaints of neck, upper back, radicular lower back, left elbow, bilateral knee, and bilateral foot pain. Shooting pain was noted down the left leg. MRIs of the lumbar spine and both knees had been performed. He was using a single point cane. Pain was reported constant in the low back and both knees. There was painful lumbar and bilateral knee range of motion. Left lower extremity sensation was intact. The treatment plan recommended a left knee Synvisc injection and right knee arthroscopy. The diagnosis relative to the right knee was documented as failed right knee surgery. Authorization was requested for right knee arthroscopy. The 9/15/15 utilization review non-certified the right knee arthroscopy as there was no current imaging or a specific surgical treatment plan documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS state that surgical consideration 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. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have not been met. This injured worker presents with multiple subjective complaints including bilateral knee pain. He experienced a fall in May 2015 when his right knee gave way. There is functional limitation in ambulation requiring a cane. There is no documentation of a comprehensive right knee exam. There is no right knee imaging documentation submitted for review or recent imaging findings described in the available medical records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, a specific surgical treatment plan was not submitted to allow for determination of medical necessity. Therefore, this request is not medically necessary.