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| <b>Case Number:</b>   | CM15-0204353 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 09/08/2014 |
| <b>Decision Date:</b> | 12/08/2015   | <b>UR Denial Date:</b>       | 10/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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: Minnesota, Florida  
 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 61 year old female who sustained an industrial injury on 9-8-14. The injured worker reported knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for left knee loose body, strain of unspecified muscle and tendon at lower leg level. Medical records dated July, August, September and October of 2015 indicate pain rated at 8 out of 10. Provider documentation dated 10-6-15 noted the work status as temporary totally disabled. Treatment has included Trazodone since at least August of 2015, Gabapentin since at least September of 2015, Flector Patch, physical therapy, Norco, and a left knee magnetic resonance imaging. Objective findings dated 10-6-15 were notable for antalgic gait, ambulating with a cane, and tenderness to left knee medial joint line with swelling noted, pain upon extension, lumbar spine with decreased flexion and positive left side straight leg raise. The original utilization review (10-7-15) denied a request for a diagnostic arthroscopy of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic arthroscopy of left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Diagnostic arthroscopy.

**Decision rationale:** The MRI scan of the left knee dated 5/1/2015 revealed an abnormal medial meniscus with increased signal throughout the posterior horn and posterior portion of the body, a large radial tear at the root of the posterior horn and extensive myxoid degeneration signal. Articular cartilage showed some thinning in the posterior weight bearing areas. The lateral meniscus did not show any evidence of tear. Osteochondral loose bodies were noted within the knee joint. There was chronic synovitis versus mild lipoma arborescens. Examination on 5/20/2015 revealed a 61-year-old female, 62 inches tall and weighing 215 pounds with a BMI of 39.32. The left knee was tender along the medial joint line associated slight swelling. McMurray caused severe pain. Range of motion was 5-110. There was provider requested the diagnostic arthroscopy to see if the knee problems were chronic or acute. ODG guidelines indicate diagnostic arthroscopy if the following criteria have been met: 1. Conservative care with medications or physical therapy, plus 2. Subjective clinical findings of pain and functional limitations despite conservative care, plus 3. Imaging clinical findings, which are inconclusive. In this case, imaging is not inconclusive. As such, the request for diagnostic arthroscopy is not medically necessary.