

<b>Case Number:</b>	CM15-0029382		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 40-year-old male reported a work-related injury on 07/08/2014. According to the Follow up Orthopedic Evaluation dated 1/8/15, the injured worker (IW) reports pain in the left knee that has worsened with physical therapy. An MRI confirmed the diagnosis of torn medial meniscus. Previous treatments include medications and physical therapy. The treating provider requests 1 left knee arthroscopy with meniscectomy and chondroplasty, 8 post operative physical therapy visits. The Utilization Review on 01/21/2015 non-certified the request for 1 left knee arthroscopy with meniscectomy and chondroplasty, 8 post operative physical therapy visits, citing ACOEM and ODG recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left knee arthroscopy with meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Surgery Chondroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, "ODG Indications for Surgery Meniscectomy."

**Decision rationale:** The requested 1 left knee arthroscopy with meniscectomy and chondroplasty, is not medically necessary. The MTUS does not address this request. ODG guidelines note: "ODG Indications for Surgery -Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT. 1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate) and (Medication. OR Activity modification [e.g., crutches and/or immobilizer].) PLUS 2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS 3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS 4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003)." The injured worker has left knee pain. The treating physician has documented an MRI showing a small torn medial mensiscus but with a significant amount of medial compartment osteoarthritis. The injured worker has had physical therapy and medications. The treating physician as not documented that the source of pain is most likely the meniscus tear versus the osteoarthritis, nor functional deficits or range of motion restrictions. The criteria noted above not having been met, 1 left knee arthroscopy with meniscectomy and chondroplasty is not medically necessary.

**8 post operative physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical therapy.

**Decision rationale:** The requested 8 post operative physical therapy visits, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 17, Knee Complaints, Summary of Recommendations and Evidence, Page 346, recommend a course of physical therapy to alleviate symptoms and exam findings and ODG, Knee, Physical therapy, recommends continued therapy beyond a six-visit trial with documented functional improvement. The injured worker has left knee pain. The treating physician has documented an MRI showing a small torn medial mensiscus but with a significant amount of medial compartment osteoarthritis. The injured worker has had physical therapy and medications. The treating physician as not documented functional improvements from completed therapy sessions and the requested surgery medical necessity has not been established.

The criteria noted above not having been met, 8 post operative physical therapy visits is not medically necessary.