

<b>Case Number:</b>	CM15-0035082		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: 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 60 year old male, who sustained an industrial injury on July 31, 2013. He has reported left knee pain and instability. The diagnoses have included acute knee, medial meniscus (left) and tear, anterior cruciate ligament and acute fracture of the knee, closed. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of left knee pain and instability. The injured worker reported an industrial injury in 2013, resulting in left knee pain and instability. It was noted the radiographic images revealed abnormalities. He was treated conservatively without resolution of the pain. Evaluation on July 14, 2014, revealed continued pain. He was noted to be off work at the time and waiting for surgical intervention of the knee. Evaluation on February 3, 2015, revealed continued symptoms. Surgical intervention was requested. On January 29, 2015, Utilization Review non-certified a request for left knee scope with partial medial meniscectomy and pre-op EKG, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested left knee scope with partial medial meniscectomy and pre-op EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, partial medial meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Meniscectomy.

**Decision rationale:** The California MTUS ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to Official Disability Guidelines, Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 2/3/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, this request is not medically necessary.

**Pre-operative electrocardiogram (EKG):** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.