

<b>Case Number:</b>	CM15-0040157		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 54 year old female, who sustained an industrial injury on October 20, 2014. She reported left shoulder, left arm, left hand, right knee, and right hip pain. Diagnoses have included right knee meniscus tear. Treatment to date has included physical therapy, medications, and imaging studies. MRI right knee from 10/31/14 demonstrates complex degenerative changes in the anterior horn of the lateral meniscus with small focal chondral defect in the posterior lateral femoral condyle. A progress note dated January 6, 2015 indicates a chief complaint of continued right knee pain. The treating physician documented a plan of care that included arthroscopic knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right knee arthroscopy, intraarticular shaving, chondroplasty, possible partial medial meniscectomy, partial lateral meniscectomy, decompression of parameniscal cyst:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

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

**Decision rationale:** CAMTUS/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 ODG 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 01/06/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the MRI of the knee from 10/31/14 of meniscal pathology. Therefore the determination is not medically necessary.

**Preoperative 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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

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

**14 day rental of Vascutherm cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Section, Continuous flow cryotherapy.

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