

<b>Case Number:</b>	CM15-0043042		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 66-year-old male who reported an injury on 12/26/2013. The mechanism of injury was a fall. He was diagnosed with tear in medial meniscus knee. His past treatments were noted to include physical therapy, medications and surgery. His diagnostic studies included an MR arthrogram performed on 09/23/2014, which was noted to reveal postsurgical changes of the posterior horn of the medial meniscus; however, there is fraying of the inferior articular portion of the medial meniscus noted, cannot exclude retearing, clinical correlation with details of the surgical history is suggested and also prior images might be beneficial to further define; mild grade 2 chondromalacia of the patella and medial femoral condyle; intact 1 cm Baker's cyst; mild scarring of the medial collateral ligament; postarthrogram changes of the left knee; postsurgical changes from prior arthroscopy in patellar tendon; nonspecific finding; no tear noted in the patellar tendon. His surgical history was noted to include left knee arthroscopy with partial medial meniscectomy, chondroplasty of lateral tibial plateau performed on 03/28/2014. On 12/01/2014, the injured worker had an agreed medical examination in orthopedics. The injured worker reported intermittent burning, swelling, and giving way of the left knee. On physical examination of the left knee, the injured worker was noted to have 4/5 motor strength of the hamstrings on the left. Otherwise motor exam was normal to manual testing bilaterally. Range of motion of the left knee revealed 135 degrees of extension, 30 degrees of flexion and 3 degrees of valgus. There was right greater than left synovitis and crepitus at the bilateral knees. There was right greater than left medial joint line tenderness and mild lateral joint line tenderness bilaterally. There was a left greater than right patellar grind and patellar apprehension test. The

McMurray's test elicited too much pain on the right to be performed. His current medications were not provided. The treatment plan included a repeat arthroscopy of the left knee as there appears to be symptomatic internal derangement more consistent with recurrent tearing of the medial meniscus or a near tear of the lateral meniscus causing mechanical giving way of the left knee. A Request for Authorization was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left knee arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The California MTUS/ACOEM guidelines state 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); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, the guidelines also state an arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. In this clinical situation, the injured worker has osteoarthritic condition in the left knee. Further arthroscopy would most likely not improve the injured worker's symptoms. Given that the injured worker is exhibiting signs of degenerative changes a repeat left knee arthroscopy would not be supported at this time. Therefore, the request is not medically necessary.

#### **Pre-op medical clearance (EKG, labs, CXR): 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.

#### **Associated surgical service: 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 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.

**Post-op physical therapy 2 times a week for 6 weeks:** 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.