

<b>Case Number:</b>	CM15-0044789		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Sports 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:

The injured worker is a 30-year-old male who reported injury on 08/19/2014. The mechanism of injury was the injured worker was walking up a steep driveway while carrying lumber and the injured worker slipped and heard his knee pop. The injured worker underwent 4 view x-rays of the left knee on 09/05/2014 with no evidence of acute fracture, dislocation or suspicious bone lesion. The injured worker underwent an MRI of the knee; the MRI date of service was 10/24/2014; the impression included increased signal intensity and irregularity of the anterior cruciate ligament proximally, consistent with at least a partial thickness tear, correlate clinically; there was a subchondral impaction injury at the anterior weight bearing surface of the lateral femoral condyle and posterior aspect of the lateral tibial plateau; there was mild increased signal intensity within the posterior horn of the lateral meniscus peripherally near the distal attachment of the Wrisberg ligament, which may be due to a volume averaging, although a small peripheral tear could not be excluded; the injured worker had a small joint effusion and mild patellar tendinosis and borderline patella alta. The documentation of 01/05/2015 revealed the injured worker had pain in the left knee. The injured worker was noted to have no physical therapy, injections, bracing or medications. The injured worker was noted to be not working. The injured worker's diagnostic studies were noted to include x-rays and MRI. Physical examination revealed it was opined the ACL had slight laxity, but minimally so and it was difficult for the injured worker to relax. There was a definite endpoint. The physician opined the injured worker did not have meniscal pathology or MCL pathology. The injured worker had a positive Greek dance. Range of motion was limited and painful. The injured worker underwent AP pelvis, AP

bilateral knees and lateral left knee x-rays on the date of service 01/05/2015, which were noted to be normal. The diagnoses included left knee medial meniscal tear. The treatment plan included a left knee arthroscopy.

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

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

**Associated surgical service: Retrospective request of AP X-ray of Pelvis - taken 1/5/15:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, X-ray.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-Ray.

**Decision rationale:** The Official Disability Guidelines indicate that plain x-rays of the pelvis should be routinely obtained in injured workers sustaining a severe injury. There were no objective findings related to the bilateral hips. There was a lack of documented rationale for the requested x-rays. Given the above, the request for associated surgical service: Retrospective request for AP x-ray of pelvis taken 01/05/2015 is not medically necessary.

**Associated surgical service: Crutches:** 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.

**Left knee arthroscopy with meniscectomy and debridement:** Upheld

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity

limitation for more than 1 month. There should be documentation of clear signs of bucket handle tear on examination and symptoms other than pain including locking, popping, giving way or current effusion. Additionally, there should be documentation of consistent findings on MRI. The clinical documentation submitted for review failed to provide the injured worker had a definite tear on MRI. There was a lack of documentation indicating the injured worker had a clear sign of a bucket handle tear on examination including locking, popping, giving way or current effusion. There was a lack of documentation indicating the injured worker had adequate conservative care as there was noted to be no physical therapy. The injured worker was noted to not be working. Given the above, the request for left knee arthroscopy with meniscectomy and debridement is not medically necessary.

**Post-op Physical therapy 3 x 4 left knee: 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: Retrospective request of AP X-ray of Bilateral knees - taken 1/5/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines ( ODG) - Hip & Pelvis, X-ray.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 341-343.

**Decision rationale:** The Official Disability Guidelines indicate that plain x-rays of the pelvis should be routinely obtained in injured workers sustaining a severe injury. There were no objective findings related to the bilateral hips. There was a lack of documented rationale for the requested x-rays. Given the above, the request for associated surgical service: Retrospective request for AP x-ray of pelvis taken 01/05/2015 is not medically necessary.