

<b>Case Number:</b>	CM15-0052471		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Pennsylvania

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 55 year old male, who sustained an industrial injury on January 4, 2013. The mechanism of injury was a motor vehicle accident. He reported throbbing left shoulder pain with shooting type pains along with severe low back pain. The injured worker was diagnosed as having discogenic back pain, radiculopathy, lumbar spine sprain/strain, lumbalgia, lumbar spondylosis, myofascial pain syndrome, sacroiliac joint dysfunction, shoulder pain status post repair, anxiety and rotator cuff tear left shoulder. Treatment to date has included diagnostic studies, surgery, physical therapy, medications and acupuncture. The injured worker underwent an MRI of the left knee which was noted to be unremarkable. The documentation of 12/15/2015 revealed the injured worker had pain. The injured worker's medications included Celebrex, tramadol, and cyclobenzaprine. The injured worker had a positive apprehension sign on the left knee, and tenderness of the medial plica region, and the medial retinaculum. The documentation indicated the injured worker brought his MRI on disc, and the physician opined the injured worker had lateral subluxation and patellar tilting which was significant. There was no plica, however, there was a fat pad impingement that was directly getting pinched between the patellofemoral joint. Additional diagnoses included left knee pain with normal MRI. The treatment plan included a left knee arthroscopy with lateral release, excision of fat pad impingement, and a partial meniscectomy, chondroplasty, and synovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee scope with lateral release, excision of fat pad impingement with possible partial meniscectomy, chondroplasty, synovectomy: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(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 documentation of treatment specifically directed towards the knee. The duration of recent conservative care was not provided. There was a lack of documentation clear signs of a bucket handle tear on examination, and the MRI was unremarkable. As the meniscectomy is not supported, the request in its entirety is not supported. Given the above, the request for left knee scope with lateral release, excision of fat pad impingement with possible partial meniscectomy, chondroplasty, synovectomy is not medically necessary.

**Associated surgical service: Medical clearance for evaluation: 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: Chest x-ray: 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: Unspecified lab works:** 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.

**Pre-op 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.

**Post-op patella tracking brace for the 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.

**Post-op physical therapy 2 x 6 for the 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.

**Post-op 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.