

<b>Case Number:</b>	CM15-0056713		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Illinois, California, Texas  
 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 57-year-old female who sustained an industrial injury on 12/22/12. Injury occurred when she lost her footing coming down a ladder and fell 6-7 feet. She hit a wooden accessory fixture as she fell backwards, hit her left shoulder, and landed on the floor. Past surgical history was positive for a left shoulder arthroscopy with extensive debridement of the glenohumeral joint and the labrum, subacromial decompression, acromioplasty, and distal clavicle resection on 11/1/13. The 9/10/14 medical legal report indicated that injury to the left knee occurred in August 2014 when she fell as a result of her back and radicular lower extremity pain. The 9/12/14 left knee MRI impression demonstrated a posterior horn medial meniscus tear, large joint effusion, small Baker's cyst, chondromalacia patella, medial plica, and findings suggestive of a subtle posterior horn tear of the lateral meniscus. The 2/25/15 treating physician reported constant mild to severe left knee pain, especially at night or with a lot of activity. Left knee exam documented normal patella tracking, mild to moderate effusion, and range of motion - 3 to 136. There was trace patellofemoral crepitus, moderate medial joint line tenderness, and mild lateral joint line tenderness. The diagnosis was left knee medial meniscus tear, possible lateral meniscus tear, and effusion with synovitis. The treatment plan recommended left knee arthroscopic surgery to repair the medial and positive lateral meniscus tear. The 3/6/15 utilization review non-certified the request for left knee arthroscopy and possible arthrotomy as there was no documentation of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy, Arthroscopic Surgery, and possible Arthrotomy:: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg - Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This patient presents with mild to severe left knee pain, worse at night and with a lot of activity. Clinical exam findings are consistent with imaging evidence of a medial meniscus tear. However, there is no documentation of mechanical symptoms. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Associates Surgical Services: Crutches: 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 (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Post-operative 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:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.