

<b>Case Number:</b>	CM15-0066946		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Indiana, Oregon  
 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:

This 58 year old female sustained an industrial injury to the right knee on 7/4/14. Previous treatment included magnetic resonance imaging, physical therapy, bracing, home exercise, ice/heat and meds. Magnetic resonance imaging right knee (10/28/14) showed an oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface with chondromalacia of the patella. In an orthopedic progress report and surgery request dated 2/16/15, the injured worker complained of constant pain to the right knee with clicking and popping with activities and a feeling of instability and giving way. Physical exam was remarkable for right knee with positive McMurray's and Apley's tests, tenderness to palpation and decreased range of motion. Current diagnoses included right medial meniscus tear and traumatic synovitis. The treatment plan included right knee arthroscopy and intra articular surgery with associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy and Intra Articular Surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13  
 Knee Complaints Page(s): s 329-360.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears that 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, comprehensive non-surgical has not been completed as no injection is documented. The request is not medically necessary.

**Pre-operative 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 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-operative Physical Therapy, 12 Visits, Right 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.

**DME (durable medical equipment) Rental Post-operative Cold Therapy Unit, 7 Day rental:** 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.

**DVT (deep vein thrombosis) Sequential Boot:** 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.

**DVT (deep vein thrombosis) Walker:** 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.