

<b>Case Number:</b>	CM15-0068167		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 65 year old male, who sustained an industrial injury on September 2, 2014, incurring injuries to both knees, after a golf cart accident. Treatment included physical therapy, medications and activity restrictions. He was diagnosed with a left knee and a right knee meniscal tear. Currently, the injured worker complained of bilateral knee pain walking, stair climbing and weight bearing. The treatment plan that was requested for authorization included a right knee arthroscopy, left knee arthroscopy, laboratory testing, electrocardiogram, and a chest x ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus. Web-based version, Meniscus Tears.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
 Page(s): s 337-344.

**Decision rationale:** The California MTUS guidelines do recommend consideration for arthroscopic partial meniscectomy when there is clear evidence of a meniscus tear. Documentation does not show the unique symptoms of a meniscus tear. Documentation shows complaints initially referable to the right knee with contusion and swelling. The guidelines recommend a program of home exercise after initial activity modification. Documentation does not show such a program. The requested treatment: Right Knee Arthroscopy is not medically necessary and appropriate.

**Left Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus. Web-based version, Meniscus Tears.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): s 337-344.

**Decision rationale:** The California MTUS guidelines do recommend consideration for arthroscopic partial meniscectomy when there is clear evidence of a meniscus tear. Documentation does not show the unique symptoms of a meniscus tear. Documentation shows complaints initially referable to the right knee with contusion and swelling. The guidelines recommend a program of home exercise after initial activity modification. Documentation does not show such a program. The requested treatment: Left Knee Arthroscopy is not medically necessary and appropriate.

**Associated surgical service: CBC - Complete Blood Count:** 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: Chem Panel:** 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: EKG - Electrocardiogram: 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: PT-Prothrombin Time: 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.