

<b>Case Number:</b>	CM15-0083140		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 06/04/2013. He reported that he sustained multiple injuries with complications secondary to his involvement in a motorcycle accident. The injured worker was diagnosed as having status post recess stenosis manipulation under anesthesia, right shoulder irreparable rotator cuff tendon, right shoulder atrophy, cervical seven fracture, deep vein thrombosis with pulmonary embolism, right knee symptomatic bipartite patella, and right knee medial meniscus tear. Treatment to date has included status post manipulation of the right shoulder under anesthesia on 01/07/2015, physical therapy to the right shoulder, physical therapy to the right knee, use of brace to the right ankle, laboratory studies, acupuncture, lower extremity venous ultrasound exam, status post right total knee replacement, x-ray of the right knee, magnetic resonance imaging of the right knee. Documentation from 12/05/2014 provided results of right knee x-rays with the date of study unknown that was remarkable for bipartite patella versus small patellar nonunion to the superior lateral aspect of the patella along with joint space narrowing in the medial compartment. Magnetic resonance imaging results from 05/08/2014 noted superior lateral bipartite patella versus fracture with medial meniscus tear. Physician's progress note from 12/09/2014 noted that the injured worker has completed several sessions of physical therapy to the right knee however the documentation did not indicate the specific quantity or include the physical therapy progress notes. The physician did indicate that he injured worker has had a good response to physical therapy, but did not indicate any specific level of relief with regards to a pain scale and did not provide any indication of functional improvement. The treating physician also noted that

acupuncture failed to provide any significant relief. In a progress note dated 02/11/2015 the treating physician reports symptomatic bipartite patella and medial meniscus tear with tenderness to palpation over the proximal patella at the site of the bipartite patella along with tenderness to the medial joint line. The injured worker has complaints of increase pain with full extension of the right knee and walks with a slight limp. The treating physician requested surgical treatment with right knee arthroscopy, chondroplasty, partial medial meniscectomy, and open procedure to excise the bipartite patella with the treating physician noting that the injured worker continues to have knee pain.

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

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

**Right knee arthroscopy, chondroplasty and partial medial meniscectomy and/or open partial patellectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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, "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 the exam notes from 11/6/14 do not demonstrate evidence meniscal symptoms such as locking, popping, or recurrent effusion. Therefore the determination is not medically necessary.