

<b>Case Number:</b>	CM15-0085557		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old male, who sustained an industrial injury on 5/14/2013. He reported stepping wrong while walking down a flight of stairs causing a "pop" in the right knee and twisting the right ankle. He subsequently underwent right knee arthroscopic surgery for tendon repair. Diagnoses include. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy and acupuncture treatments. Currently, he had multiple complaints including severe headaches, neck pain, and pain in bilateral shoulders, wrists, hands and knees. The knee pain was associated with weakness. On 3/13/15, the physical examination documented mild edema to the right knee with decreased range of motion, positive Steinman's and McMurray's tests, with muscle weakness and sensory deficits. The MRI of the right knee revealed chronic medial meniscus tear, degenerative arthritis, joint effusion, loose body in the intercondylar fossa and a popliteal cyst. The plan of care included right knee arthroscopic revision, and associated services including internal medicine clearance and an assistant surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

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

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for right knee pain. Treatments included arthroscopic surgery with postoperative imaging of the right knee showing findings of a chronic medial meniscus tear and loose body. His past medical history included diet controlled hypertension. When seen, complaints included clicking, popping, and walking with swelling and episodes of his knees giving out. He was having very in degrees of pain with continuous aching. There was joint line tenderness and positive McMurray testing. Authorization for right knee revision arthroscopic surgery was requested. Criteria for the proposed arthroscopic surgery include failure of conservative care, subjective and objective clinical findings, and findings of a meniscal tear by MRI. These criteria are met and the request is considered medically necessary.

**Internal Medicine Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA) European Heart Journal (2009) 30, 2769.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for right knee pain. Treatments included arthroscopic surgery with postoperative imaging of the right knee showing findings of a chronic medial meniscus tear and loose body. His past medical history included diet controlled hypertension. When seen, complaints included clicking, popping, and walking with swelling and episodes of his knees giving out. He was having very in degrees of pain with continuous aching. There was joint line tenderness and positive McMurray testing. Authorization for right knee revision arthroscopic surgery was requested. In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is otherwise healthy and the past surgical history includes an uncomplicated meniscectomy. Major orthopedic surgery is not being planned. He would likely be at low risk for the planned procedure. Medical clearance is not medically necessary.

**Assistant Surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 25-26.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation (1) Medicare Claims Processing Manual Chapter 12 -  
Physicians/Non-physician Practitioners (2) CPT Codes and Fees, effective January 2015.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for right knee pain. Treatments included arthroscopic surgery with postoperative imaging of the right knee showing findings of a chronic medial meniscus tear and loose body. His past medical history included diet controlled hypertension. When seen, complaints included clicking, popping, and walking with swelling and episodes of his knees giving out. He was having very in degrees of pain with continuous aching. There was joint line tenderness and positive McMurray testing. Authorization for right knee revision arthroscopic surgery was requested. In this case, the procedure being requested is eligible for an assist surgeon. The request is medically necessary.