

<b>Case Number:</b>	CM13-0000774		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	06/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Colorado and Texas. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 29-year-old female who reported an injury on 01/03/2013. The mechanism of injury was not specifically stated. The current diagnosis is sprain of unspecified site of the knee and leg. The injured worker was evaluated on 08/13/2013 with complaints of severe pain in the left knee. The injured worker currently utilizes an immobilizer and crutches. Physical examination on that date revealed mild swelling around the peripatellar area with tenderness of the patella, full range of motion of the knee, negative Lachman's testing and negative McMurray's testing. Treatment recommendations at that time included authorization for a surgical procedure and prescriptions for tramadol and ibuprofen. It is noted that the injured worker underwent an MRI of the left knee on 01/03/2013, which indicated mild patellar tendinosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee Arthroscopic Debridement, Possible Meniscal Work, Possible Retinacular Release:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate that a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, to include locking, popping, giving way, recurrent effusions, clear signs of a bucket handle tear on examination and consistent findings on MRI. The injured worker does not appear to meet the criteria for the requested procedure. The MRI of the left knee on 02/12/2013 indicated nonspecific subcutaneous edema and mild patellar tendinosis. There was no documentation of a medial or lateral meniscus tear. Physical examination on 08/13/2013 only revealed tenderness of the patella without crepitus. The injured worker demonstrates full range of motion with negative Lachman's and McMurray's testing. There was no mention of an exhaustion of conservative treatment. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.