

<b>Case Number:</b>	CM14-0122290		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/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:

This 30-year-old female packer sustained an industrial injury on 10/4/13. Injury occurred when she tripped and fell on her left knee. The 2/24/14 left knee MRI impression documented a linear defect in the lateral aspect of the patella. This may be a congenital bipartite patella or an old fracture. There was no acute bone marrow edema noted. There was mild widening of the medial facet of the patella with no patellar retinaculum abnormalities. There was an intrasubstance tear or mucoid degenerative versus focal oblique tear of the posterior third of the medial meniscus, extending to the inferior surface on only one image. Progress reports documented complaints of intermittent deep knee pain. She attended six sessions of physical therapy and a course of acupuncture, both were reported not helpful. Records indicated lack of compliance with home exercise. A request for platelet-rich plasma injection was authorized but not performed. Anti-inflammatory medications were prescribed. The 6/27/14 treating physician report cited frequent grade 5/10 bilateral knee pain. Pain was worse with work and activities, and better with rest and medications. Left knee exam documented medial joint line tenderness with positive McMurray's, range of motion 0-120 degrees, minimal patella tenderness, and antalgic gait favoring the right lower extremity. The diagnosis was left meniscal tear and contusion. The patient had failed therapy, activity restrictions, and medication management. She had mechanical symptoms. Platelet-rich plasma injection was pending. A left knee arthroscopy was requested. Diclofenac was prescribed. She was working full duty. The 7/3/14 utilization review denied the left knee arthroscopy and associated requests based on inconclusive MRI findings, no reported mechanical symptoms, and no evidence of appropriate attempts at conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee Scope:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345 347.

**Decision rationale:** The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear; symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no specific documentation of symptoms other than intermittent deep pain. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Platelet-rich plasma injections had been approved and not completed. The arthroscopic surgery being requested is not specified. Therefore, this request is not medically necessary.

**Post- Operative therapy two time for six weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Polar care and DVT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy, Venous Thrombosis

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.