

<b>Case Number:</b>	CM14-0149559		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 General 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 42 year old female sustained injury 7/10/14. She has been diagnosed with a medial meniscus tear of the right knee. There is also tricompartmental osteoarthritis and a popliteal cyst. She has been on modified duty and has been wearing a hinged brace. There is a full range of motion, tenderness in the medial joint line, positive compression, McMurray's and anterior as well as posterior drawer tests. The diagnoses was osteoarthritis patellofemoral articulation right knee with a complex tear of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Chondroplasty and Meniscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic Arthroscopy; Chondroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Knee-Meniscectomy.

**Decision rationale:** All criteria have been met to establish medical necessity except for a trial of physical therapy as conservative management. Locking and/or blocking are not described.

Physical therapy was recommended on the date of injury, 7/10/14 Physical therapy was noted on a written order dated 7/30/14 but there is not documentation that any sessions were ever attended. However, "conservative care is to include physical therapy, or medications, or activity modification." This patient has had medications and activity modification. The request is medically necessary.

**8 post-operative physical therapy visits with evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Diagnostic Arthroscopy; Chondroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Knee-Physical therapy.

**Decision rationale:** Medical evidence based Guidelines recommend post meniscectomy 12 sessions over 12 weeks. The request was for 8 sessions. Therefore, the request for 8 sessions is approved as up to 12 are recommended. The request is medically necessary.