

<b>Case Number:</b>	CM14-0160811		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/28/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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:

The injured worker is a 60-year old female who sustained left knee pain on 08/25/14, while working as a case manager when she got up out of a chair at her work-station. The report of an MRI of the left lower extremity dated 08/30/14, revealed extensive horizontal cleavage type tears involving the posterior horn, mid-zones and medium meniscus with some medial subluxations of the meniscus out of the joint with some degenerative spurring of the medial knee joint margin; small knee joint effusion and small Baker's cyst were noted; mild degenerative spurring off the lateral knee joint and margin, and some chondromyxoid degenerative changes of mid zone and lateral meniscus without any definite meniscal tear identified; subchondral cystic changes and abnormal single with marrow of the posterior medial aspect of the medial tibial patellar, either degenerative or perhaps post-traumatic; extensive loss of articular cartilage along the posterior lateral facet of the patellar which probably reacted to the degenerative marrow changes in the region of the patella; and small, probably subchondral contusion involving the anterolateral femoral condyle measuring less than 1 centimeter in diameter and slight thinning of the articular cartilage aligning this region as well suggesting this could represent an element of patellar femoral loss to arthritic change. The report of left knee x-rays from 8/25/14, showed mild degenerative changes. The office note dated 10/01/14 noted that the injured worker's left knee was more painful. The injured worker had previously attempted anti-inflammatories but developed gastrointestinal distress and subsequently Tylenol was recommended. It was documented that full extension of the knee was painful. Physical examination revealed tenderness of the medial joint line, range of motion was zero to 130 degrees, there was pain with forced flexion, mild swelling, and an antalgic gait for the left lower extremity. Diagnosis was medial meniscus tear. The treating provider documented that since the previous Utilization Review determination did not authorize surgery, he recommended physical therapy two times a

week for six weeks. An intra-articular Cortisone injection was provided with approximately 75 percent relief post injection. This review is for left knee arthroscopy. This review is for left knee arthroscopy.

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

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

**Arthroscopy left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery

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

**Decision rationale:** The California ACOEM Guidelines recommend activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The ACOEM Guidelines state for meniscus pathology and surgical intervention, physical exam findings and symptoms should include signs of simply more than pain to include locking, popping, giving way, or current effusion and specific physical exam objective findings establishing meniscal pathology versus other pathology in the knee, such as arthritis. The medical records suggest that the injured worker has just been referred for a formal course of physical therapy as recommended prior to surgical intervention meniscal pathology. However, there is no documentation to determine the injured worker's response to physical therapy initiated at the beginning of October. Based on the guidelines conservative treatment, should be attempted, failed and exhausted prior to surgical intervention in the form of arthroscopy and subsequent meniscectomy.. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for left knee arthroscopy is not medically necessary.

**Pre-operative clearance:** 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): 343-345.

**Decision rationale:** The proposed left knee arthroscopy is not recommended as medically necessary. Therefore, the request for preoperative clearance is also not medically necessary.

**Physical therapy x 12:** 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): 343-345.

**Decision rationale:** The proposed left knee arthroscopy is not recommended as medically necessary. Therefore, the request for physical therapy x12 is also not medically necessary.