

<b>Case Number:</b>	CM14-0160835		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/12/2014
<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 claimant is a 41-year old male who sustained an injury while working as a security officer on 11/10/12. The medical records provided for review included the report of x-rays of the left knee taken on 05/14/13 with a marker in the area of maximal tenderness that identified a tibial tubercle ossicle somewhat superior to the area of maximal tenderness. The orthopedic consultation on 11/04/13, documented that the MRI on 05/29/13, showed evidence of a retained ossicle embedded in the distal aspect of patellar tendon adjacent to the tibial tubercle. There was no evidence of internal derangement of the knee with intact menisci and ligamentous structure. Articular surfaces appeared intact. A provider note from 9/12/13, reviewed an MRI, of which the date and the formal report were not provided, documented that there was evidence of chronic patellar tendonitis and a small medial plica. The office note dated 08/26/14, noted that the claimant had no change in his complaints and surgical intervention was recommended. The claimant was given a diagnosis of left knee pain at the tibial tubercle medial plica. The office note dated 10/27/14 noted that the claimant had left knee pain that was relatively unchanged; he had tenderness along the left knee, pain along the infrapatellar region and over the medial aspect of the knee. There was no ecchymosis and minimal swelling. Diagnosis was chronic left knee pain. It was documented that the claimant had previously undergone a formal course of physical therapy; however, the quantity and dates of the physical therapy sessions were not provided. The current request is for arthroscopic surgery for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Surgery Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

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

**Decision rationale:** The California ACOEM Guidelines recommend that there is activity limitation for more than one month and failure of an exercise program to increase range of motion and strength of the musculature around the knee. With specific regards to meniscus tears, ACOEM recommends that there should be symptoms simply other than pain and clear signs of a bucket handle tear in examination. With regards to surgical intervention in the form of arthroscopy for patellar femoral syndrome, long-term improvement has not been proved and efficacy is questionable. The medical records provided for review fail to establish the claimant has attempted, failed and exhausted a recent course of conservative treatment, which should include a diagnostic and therapeutic intra-articular Cortisone injection to determine if surgical intervention may be of any short and long -term benefit. In addition, there is no formal MRI report available for review to establish the claimant's pathology that would be amendable to surgical intervention. The documentation of the provider's interpretation of the MRI is not consistent regarding identified pathology that may be amendable to surgical intervention and requires clarification prior to determining the medical necessity for surgery. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left knee arthroscopic surgery is not medically necessary.

**Crutches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The request for the left knee arthroscopic surgery cannot be considered medically necessary. Therefore, the request for postoperative use of crutches is also not medically necessary.

**Labs: CBC, PT, UI, BMP, EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The request for the left knee arthroscopic surgery cannot be considered medically necessary. Therefore, the request for preoperative Labs: CBC, PT, UI, BMP, EKG is also not medically necessary.

