

<b>Case Number:</b>	CM14-0165534		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 54-year-old male sustained an industrial injury on 11/8/12. Injury occurred when he stepped into a concrete ditch, lost his balance, twisted his right ankle and fell, impacting up his right knee and experiencing lower back pain. The 11/30/12 right knee MRI impression documented chondromalacia of the knee, prepatellar edema with small hematoma, and complex degeneration of the posterior horn of the meniscus with degenerative tear of the posterior root of the medial meniscus. The patient underwent right knee arthroscopy with partial medial meniscectomy on 3/11/13. Records indicated that the patient had persistent pain and mechanical symptoms following right knee surgery that had failed to respond to medications, activity modification, and viscosupplementation. Physical exams documented minimal to mild effusion, exquisite plica tenderness, and painful motion. The 8/20/14 treating physician report cited symptoms localized to the low back and right knee. Pain was moderate and constant with clicking, locking, tingling, burning, pain, weakness, catching, warmth, giving way, numbness, and tenderness. Symptoms were aggravated with repetitive use, pushing, pulling, lifting, prolonged sitting and standing, walking, bending, kneeling, squatting and climbing stairs. Symptoms were improved with medications, including Ibuprofen and Tizanidine. Right knee exam documented a very tender plica. The diagnoses included right knee medial meniscus tear status post arthroscopy with partial medial meniscectomy, chondromalacia patella grade II-III, and plica syndrome. The treatment plan recommended right knee arthroscopic excision of plica, partial medial meniscectomy, chondroplasty, and synovectomy. The 9/18/14 utilization review denied the right knee surgery and associated requests as there was no updated imaging evidence to support the medical necessity of surgery. It was noted that an MR arthrogram of the right knee had been approved but did not appear to have been completed. A request for additional information was

sent to the treating physician on 9/11/14 for updated imaging information and there was no response.

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

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

**Right knee arthroscopy, excision plica, partial meniscectomy, chondroplasty, synovectomy:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 343 and the Official Disability Guidelines (ODG): Knee Chapter, Meniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy, Chondroplasty

**Decision rationale:** The California MTUS guidelines typically support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met. There are significant mechanical symptoms documented with no clinical exam evidence of meniscal pathology. The most recent MRI was performed prior to the right knee surgery of 3/11/13. There is no current imaging evidence of a meniscus tear or chondral defect consistent with guidelines. Therefore, this request is not medically necessary.

**Crutches to be used Post-op:** Upheld

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Physical therapy 2 times per week for 4 weeks QTY: 8:** Upheld

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Internal Medicine consultation and one follow up:** Upheld

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

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.