

<b>Case Number:</b>	CM14-0167180		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 surgeon, and is licensed to practice in New York. 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 patient is a 57-year-old female. The patient complains of right knee pain and swelling. The patient also complains of the right knee giving out when descending stairs. Her pain is rated 7/10. On physical examination his medial joint line tenderness and positive Apley's test and positive McMurray's test. The patient has failed 2 cortisone injections. At issue is whether right knee arthroscopy is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter: Indications for Surgery: Meniscectomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS knee pain chapter

**Decision rationale:** This patient does not meet establish criteria for right knee arthroscopy surgery. Specifically the medical records do not document an adequate trial of conservative measures for the patient to include physical therapy. The medical records do not document significant loss of motion or instability. More conservative measures as needed for the treatment

of knee pain at this time. Guidelines for surgery not met. Therefore the request is not medically necessary.