

<b>Case Number:</b>	CM14-0082372		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 records presented for review indicate that this 58-year-old gentleman was reportedly injured on December 30, 2013. The mechanism of injury is noted as jumping over a short wall. The most recent progress note, dated April 14, 2014, indicates that there were ongoing complaints of right knee pain and instability. The physical examination demonstrated right knee range of motion from 0 to 135. There was tenderness at the medial joint line and a positive McMurray's test. Diagnostic imaging studies of the right knee revealed good medial and lateral joint spaces with a spur on the medial tibial plateau. A MRI of the right knee revealed a disc placed flap tear of the medial meniscus. Previous treatment includes the use of a knee brace and oral medications. A request had been made for a right knee arthroscopy with partial medial meniscectomy, preoperative clearance, and 12 visits of postoperative physical therapy and was not certified in the pre-authorization process on May 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRE-OPERATIVE CLEARANCE:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative Screening, General, Updated August 22, 2014.

**Decision rationale:** As the accompanying request for a knee arthroscopy has been determined not to be medically necessary so is this request for a preoperative clearance.

**12 POST-OPERATIVE PHYSICAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy, Updated October 7, 2014.

**Decision rationale:** As the accompanying request for a knee arthroscopy has been determined not to be medically necessary so is this request for 12 postoperative visits of physical therapy.

**1 RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY AND TREATMENT OF ANY CHONDRAL PATHOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy, Updated October 7, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for a meniscectomy includes completion of conservative care to include exercise and physical therapy. The attached medical record does not indicate that the injured employee has participated and failed physical therapy. As such, this request for a right knee arthroscopy with a partial medial meniscectomy is not medically necessary.