

<b>Case Number:</b>	CM14-0210452		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/15/2004
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 57-year-old male who reported an injury on 07/15/2004. The mechanism of injury was not provided. An MRI dated 06/30/2008 demonstrated mild thinning of the cartilage of the right knee of the medial femoral tibial compartment with no evidence of a chondral defect. The clinical note date 09/11/2014 noted that the injured worker had complaints of right knee pain with meniscal tear and effusion. The injured worker is status post left partial knee replacement with intermittent swelling. The injured worker was 3 months status post partial knee replacement of the left knee at the time of the followup appointment. Examination of the right knee revealed significant medial joint line tenderness. There was fullness posteriorly like a Bakers cyst. There is no lateral tenderness. There was good range of motion noted with pain and effusion. The diagnoses were left knee osteoarthritis, right tear of the medial cartilage on meniscus of knee, and knee effusion on the left. The provider recommended a right knee arthroscopy and cartilage removal. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with Cartilage Removal: Upheld**

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

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

**Decision rationale:** The request for right knee arthroscopy with cartilage removal is not medically necessary. The California MTUS/ACOEM Guidelines state referral for surgical consultation may be indicated for injured workers who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines further state that indications for surgery include failure to respond to conservative care, such as medications and physical therapy, plus clinical findings of joint pain and swelling, and objective clinical findings of effusion or crepitus with limited range of motion and imaging studies indicating a positive chondral defect on MRI. The documentation for review notes that the injured worker was 12 weeks status post left knee replacement, and was reportedly doing well postoperatively. The right knee continued to cause pain to the patella and medial knee. There was mild effusion and joint line tenderness with pain with a McMurray's test and pain with a patellofemoral compression. An MRI dated 06/30/2008 demonstrated mild thinning of the cartilage of the right knee of the medial femoral tibial compartment, but there was no evidence of a chondral defect. There is also no evidence that the injured worker had tried and failed initially recommended conservative treatment to include physical therapy and medications. As such, medical necessity has not been established.

**12 Sessions of Post-Op Physical Therapy:** Upheld

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

**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.

**History and Physical:** 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 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.

**Clearance Letter for Surgery:** 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 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.

**Labs: EKG and Chest X-Ray:** Upheld

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

**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.