

<b>Case Number:</b>	CM14-0211629		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/21/2004
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 48-year-old male who reported an injury on 07/21/2004. He was pulling out rolls of plastic that weighed 80 to 120 pounds and 1 fell off, striking him on the right knee. The injured worker had an MRI on 10/23/2014 which revealed a linear increased signal in the anterior horn of the meniscus which was likely to reflect internal degeneration however a tear was not excluded, an oblique tear of the posterior horn of the lateral meniscus, a sprain vs. a partial thickness tear of the lateral collateral ligament complex, patellar chondromalacia, a subchondral cyst, a partial thickness tear of the anterior cruciate ligament and a knee joint effusion. The clinical note dated 10/30/2014 revealed the injured worker had continuing joint line pain and the request was made for a video arthroscopy with correction of encountered pathology. 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:

**1 Left knee video arthroscopy with correction encounter 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), Indications for Surgery, Meniscectomy; Knee & Leg (Acute & Chronic)

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

**Decision rationale:** The request for 1 left knee video arthroscopy with correction encounter pathology is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical consultation may be recommended for injured workers with activity limitations for over 1 month and failure to respond to conservative therapy (to include exercise and medications) to avoid surgical risks. The injured worker's injury would not respond to conservative therapy as there were multiple tears present. As such, the request for 1 Left knee video arthroscopy with correction encounter pathology is not medically necessary.