

<b>Case Number:</b>	CM14-0218523		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 32 year old male worker who injured his bilateral knees during a physical altercation with a suspect while working as a police officer. The date of injury was May 4, 2014. Diagnoses include right knee patellar tendinitis and left knee medial and lateral meniscus tear with possible chondromalacia at the patellofemoral joint and patellar tendinitis. On December 17, 2014, he stated that his bilateral knees had become very affected, his right knee was far more symptomatic than his left. He experienced mechanical symptoms such as locking and popping upon pivoting as well as achiness, stiffness, pain and swelling with prolonged weightbearing activities. Physical examination of the right knee revealed tenderness to palpation along the patellar tendon at the distal insertion, positive patellofemoral crepitation and positive patellofemoral grind. MRI scan of the right knee dated 6/14/2014 revealed mucoid degeneration of the medial and lateral menisci but no tear was seen. The articular cartilage was normal in thickness with no focal defects. There was a focal T2 hyperintensity in the proximal patellar tendon compatible with patellar tendinitis. Subchondral bony edema involving the posterior medial tibial plateau at the level of the posterior root of the medial meniscus but no discrete meniscal tear was seen. Physical examination of the left knee revealed medial joint line tenderness and positive McMurray's. Treatment modalities included rest, ice, anti-inflammatories, analgesics and physical therapy without any mitigating effect. A request was made for one right knee diagnostic/operative arthroscopic meniscectomy vs. repair, possible debridement and/or chondroplasty, one medical clearance to include labs (CBC, CMP, PT/PTT,

HEP/HIV panel U/A), EKG and chest x-ray and one knee brace. On December 5, 2014, utilization review denied the request citing ACOEM and ODG guidelines.

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

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

**One (1) right knee diagnostic/operative arthroscopic meniscectomy vs. repair, possible debridement and/or chondroplasty at Beverly Hills Intergated Surgical Center: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345. Decision based on Non-MTUS Citation Section: Knee, Topic: arthroscopy, chondroplasty

**Decision rationale:** California MTUS guidelines indicate that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear. The MRI scan dated 6/14/2014 revealed mucoid degeneration of the medial and lateral menisci but there was no tear seen in the right knee. As such, the request for arthroscopy with partial meniscectomy/repair of the right knee is not supported by guidelines and the medical necessity is not established. With regard to the request for diagnostic arthroscopy, ODG guidelines recommend diagnostic arthroscopy if imaging is inconclusive. The imaging shows tendinitis of the proximal patellar tendon which goes along with the clinical findings. The imaging is not inconclusive and therefore diagnostic arthroscopy is not indicated. As such, the medical necessity of diagnostic arthroscopy of the right knee is not established. With regard to the request for chondroplasty, ODG guidelines necessitate imaging medical findings of a chondral defect on MRI scan. The MRI scan of the right knee does not show a chondral defect and therefore chondroplasty is not indicated. As such, the request for chondroplasty is not medically necessary.

**Associated Surgical Service: One (1) medical clearance to include; labs (CBC, CMP, PT,PTT, HEP/HIV panel, U/A, EKG) and chest x-ray: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345.

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

**Associated surgical service: 12 post-operative sessions of physical therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345.

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

**Associated surgical service: One (1) knee brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Section: Knee, Topic: Knee Brace

**Decision rationale:** California MTUS guidelines recommend bracing for instability such as patellar instability, medial collateral ligament tear or anterior cruciate tear. ODG indicates bracing after meniscal repair. However, there is no meniscal tear documented and surgery is not medically necessary. Therefore, a knee brace is also not medically necessary.