

<b>Case Number:</b>	CM14-0218527		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/10/2014
<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: New York, New Hampshire, Washington  
 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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 9/27/2013. He has reported back and knee pain. Magnetic Resonance Imaging (MRI) of right knee significant for oblique tear involving the body and posterior horn of the right medical meniscus. The diagnoses have included knee/leg strain/sprain, lumbar disc disorder, meniscus tear, lumbosacral sprain and lumbago. Treatment to date has included arthroscopic partial meniscectomy and chondroplasty 2/2014, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and twenty four (24) sessions of physical therapy. Currently, the IW complains of new onset left knee pain secondary to shift stress documented with associated knee swelling, throbbing, and difficulty walking. Physical examination from 11/23/14 of the right knee positive for tenderness, mild effusion, and swelling and positive grinding test. Left knee was also documented as positive. The provider documented that MR study of right knee, compared with previous, demonstrated "posterior home of medial meniscus long extensive care, extend to the inferior portion, patellar femur articular surface, cartilage fissure, therefore requiring repeat arthroscopic evaluation and prior medical clearance for surgery. On 12/10/2014, Utilization Review non-certified a preoperative clearance. The MTUS Guideline was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of preoperative clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PreOp Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2013 Mar 15;87(6):414-8. Preoperative testing before noncardiac surgery: guidelines and recommendations. Feely MA1, Collins CS, Daniels PR, Kebede EB, Jatoi A, Mauck KF.

**Decision rationale:** The medical records do not indicate that this patient had significant medical comorbidities. Pre-op medical clearance for routine knee surgery is not medically needed. The patient is having uncomplicated knee surgery with low expected blood loss and complexity.