

<b>Case Number:</b>	CM14-0218581		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2014
<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 Jersey  
 Certification(s)/Specialty: Family Practice

### 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 69 year old male who suffered an industrial related injury on 1/27/12. A physician's report noted 10/24/14 noted a MRI of the right knee obtained 10/3/14 revealed a tear of the lateral meniscus. Physical examination findings included decreased bilateral knee flexion. Muscle strength, sensation/neurologic function, and reflexes were within all normal limits. The injured worker was diagnosed with a continuous trauma right knee injury. The treating physician noted the injured worker was an excellent candidate for arthroscopic right lateral meniscectomy, chondroplasty and debridement. On 12/2/14 the utilization review physician denied the requests for arthroscopic right lateral meniscectomy, chondroplasty, and debridement, pre-operative medical clearance, 12 supervised post-operative rehabilitative therapy, continuous passive motion device for initial period of 14 days, surgi-stim unit for an initial period of 90 days, and a cold therapy unit. Regarding surgery, the UR physician noted there are no mechanical symptoms documented on history or corroborated by the most recent examination. A significant decline in function and findings indicative of problematic internal derangement are not documented. Therefore the request was non-certified. Due to the non-certification of the requested surgical procedure the associated surgical requests were also non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic right lateral meniscectomy, chondroplasty and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

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

**Decision rationale:** The MTUS ACOEM Guidelines state that for meniscus tears, arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, without progressive or severe activity limitation, may be able to avoid surgery as long as the symptoms are lessening over time with conservative methods. In the case of this worker, although he was deemed a candidate for right knee partial meniscectomy months prior to this request and some subjective and objective data existed to support this, there was insufficient recent reporting on whether or not his right knee condition was gradually getting worse, staying the same, or improving with current noninvasive treatments, as this was not found in the past few progress notes leading up to this request. A reassessment of knee function along with pain levels would be the most complete way to go about preparing for potential knee surgery. Without evidence and more complete reporting of the worker's pain and function getting worse, the partial meniscectomy of the right knee will be considered medically unnecessary. The pre-operative medical clearance, post-op rehabilitation, post-op CPM device, post-op Surgi-stim, and post-op Cold therapy unit all will also be considered medically unnecessary due to their dependence on the acceptance of the surgery first.

**Pre-operative medical clearance:** Upheld

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

**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.

**Supervised post-operative rehabilitative therapy, three times weekly for four weeks:**  
Upheld

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

**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.

**Continuous passive motion (CPM) device for an initial period of fourteen days:** Upheld

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

**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.

**Surgi-stim unit for an initial period of ninety days:** Upheld

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

**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.

**Cold therapy unit:** Upheld

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

**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.