

<b>Case Number:</b>	CM14-0033469		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male with a date of injury of 4/7/2012. He twisted his right knee and fell while turning a corner. He underwent surgery on 6/18/2012. The operative report or the preoperative MRI scan are not submitted. An AME of 11/27/2012 recommended an orthopedic reevaluation of the right knee, short courses of physical therapy, and intermittent use of NSAIDs and injections. The injured worker underwent a repeat MRI scan on 12/27/13 that showed a tiny meniscal tear in the body of the medial meniscus. A utilization review of 2/12/2014 noncertified the request for right knee arthroscopy with possible medial meniscectomy versus repair, debridement and chondroplasty. Per AME of September 16, 2014 he had undergone arthroscopy of the right knee with partial lateral meniscectomy, medial meniscal repair, chondroplasty of the patella, and tricompartmental synovectomy on 6/18/2012. He was seen for reevaluation on April 26, 2013 at which time it was recommended that he repeat the right knee surgery. Documentation indicates a partial medial meniscectomy was performed on April 24, 2014 with chondroplasty and debridement. The MRI report or the surgical report is not submitted. On July 25, 2014 he was 3 months post surgery. Examination revealed full range of motion with normal strength, sensory, and vascular examination. There was no joint effusion, warmth or erythema. On September 16, 2014 an orthopedic examination in the capacity of an AME was performed. The injured worker stated that his right knee was better but his low back pain was worse. The documentation indicated that he underwent repeat right knee surgery on April 24, 2014. He received some postoperative physical therapy which provided some relief to his knee. However, his low back symptoms increased and he discontinued the therapy shortly afterwards. An x-ray of the right knee revealed no abnormalities. In the opinion of the examiner, no formal treatment was recommended. It was determined that he was at maximum

medical improvement. The disputed issue pertains to the utilization review of 2/12/2014 at which time the MRI was reported to show a tiny tear in the medial meniscus and the request for arthroscopy with partial medial meniscectomy or repair, debridement and chondroplasty was noncertified. Additional requests for preoperative medical clearance, postoperative physical therapy, and crutches were also not approved. The denial of 2/12/2014 was appealed to an independent medical review on 3/12/2014.

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

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

#### **Right knee arthroscopy, possible arthroscopic medical meniscectomy versus repair, debridement and chondroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), 8th edition, 2010 Knee chapter

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

**Decision rationale:** California MTUS guidelines indicate surgical considerations for meniscal tears when there is a clear evidence of a meniscal tear such as symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination with tenderness over the suspected tear but not over the entire joint line and consistent findings on the MRI. The MRI was said to show a tiny tear of the body of the medial meniscus. There were no mechanical symptoms documented. The guidelines recommend that patients suspected of having meniscal tears but without progressive or severe activity limitation can be encouraged to live with the symptoms to retain the protective effect of the meniscus. Because of a high incidence of osteoarthritis after partial or total meniscectomies in light of the presence of a "tiny tear" of the medial meniscus on the MRI scan and absence of mechanical symptoms on available documentation, the requested surgical procedure of arthroscopy with possible arthroscopic partial meniscectomy vs repair, debridement and chondroplasty was not supported by guidelines and as such the medical necessity of this procedure was not substantiated.

#### **Preoperative medical clearance evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

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

**Decision rationale:** The requested surgery was not medically necessary. Therefore the request for preoperative medical clearance was also not medically necessary.

#### **18 sessions of post-op physical therapy (3x6 weeks): Upheld**

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

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

**Decision rationale:** The requested surgery was not medically necessary. Therefore the request for postoperative physical therapy was also not medically necessary.

**Crutches:** 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)-  
<http://www.odg-twc.com/odgtwc/knee.htm>

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

**Decision rationale:** The requested surgery was not medically necessary. Therefore the request for crutches was also not medically necessary.