MAXIMUS Federal Services

| Case Number: | CM15-0113140 | | |
|---|---|---|---|
| Date Assigned: | 06/19/2015 | Date of Injury: | 09/16/2014 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

## 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, Indiana, Oregon
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 41 year old male who sustained an industrial injury on 09/16/14. Initial complaints and diagnoses are not available. Treatments to date include therapy and medications. Diagnostic studies include MRIs of the right knee and left elbow on 05/14/15. The MRI of the right knee showed no meniscus or anterior cruciate ligament tear. Current complaints include left elbow and right knee pain. Current diagnoses include torn medial meniscus right knee and lateral epicondylitis left elbow. In a progress note dated 05/19/15 the treating provider reports the plan of care as a left elbow injection n the date of service, as well as right knee surgery. The requested treatments include right knee surgery and postoperative physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic maniscectomy, chondroplasty:** 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), knee and leg, Chondroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear or symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states, indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the MRI from 5/14/15 does not show a meniscus tear. Therefore the request is not medically necessary.

**8 Post-operative physical therapy visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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