

<b>Case Number:</b>	CM15-0123616		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 was a 46 year old female, who sustained an industrial injury, January 14, 2013. The injury was sustained when the injure worker slipped on a wet floor from the rain and landed on the left knee on December 2, 2014. After the fall the injured worker had increased left knee and right wrist pain. The injured worker previously received the following treatments left knee injection, the left knee x-rays were normal, Robaxin, Prilosec and physical therapy for the cervical neck. The injured worker was diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine strain, left elbow strain, right hand and wrist strain, left knee osteochondral defect and left knee internal derangement. According to progress note of May 6, 2015, the injured worker's chief complaint was pain in the neck, upper back, lower back, right elbow, left elbow, right wrist and hand, left wrist and hand, right hip, left hip and left knee. The injured worker complains of continuous pain in the left knee. The pain increased with prolonged walking or standing, flexion and extension of the knee, ascending stairs, squatting, and stooping with episodes of buckling and giving was. There was swelling and burning sensation. The injured worker reported the pain was worsening. The injured worker was avoiding climbing stairs and squatting. The physical exam noted the injured worker had short stride heel toe gait. The injured worker report inability to walk on heels and toes because it felt like the left knee was going to give out. The physical exam noted tenderness of the medial joint line of the left knee. The left knee range of motion was 6 degrees to 135 degrees. There was no crepitus of the knees. The anterior and posterior Drawer's sign was negative bilaterally. There was no medial or lateral laxity in the bilateral knees. The Lachman's, pivot shift, Apley's grinding test, McMurray's testing and the ankle anterior drawer tests were all negative for any findings. The treatment plan included left knee arthroscopic surgery for debridement and synovectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left knee arthroscopy, debridement synovectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers Compensation (13th annual edition), 2015, Knee and Leg Chapter, Updated 2/27/15.

**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:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding 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)." 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 exam notes from 5/6/15 do not demonstrate meniscal symptoms such as locking, popping, giving way or recurrent effusion. No clinical findings from that day show evidence of significant pathology. Therefore the request is not medically necessary.