

<b>Case Number:</b>	CM15-0149449		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/04/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Oregon, 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:

This is a 31-year-old female worker who was injured on 8-4-2012. The medical records reviewed indicated the injured worker (IW) was treated for right knee pain with lateral meniscus tear. The progress notes (3-31-15 and 5-5-15) indicated the IW had right knee pain. She was taking Ibuprofen. Right knee range of motion was 0 to 100 degrees and there was moderate medial joint line tenderness. McMurray's sign was positive in the right knee. A recent evaluation (6-23-15) showed the IW's right knee pain had increased. She continued taking Ibuprofen. She was not working. On physical examination (6-23-15), she walked with a slight limp and she was unable to squat. Tenderness was moderate over the medial joint line and slight over the lateral joint line. Extension and flexion remained 0 to 100 degrees, respectively. The records (1-22-15) reflected she had physical therapy soon after the injury, which increased her pain. An MRI arthrogram of the right knee on 1-26-15 showed "minimal intermediate signal is seen in the posterior horn medial meniscus which could reflect a shear injury. No meniscal tear is seen. No other significant findings". The previous MRI was performed on 8-2-14. A Request for Authorization was received for a diagnostic arthroscopy intra-articular surgery for the right knee and physical therapy twice a week for six weeks for the right knee. The Utilization Review on 7-17-15 non-certified the request for a diagnostic arthroscopy intra-articular surgery for the right knee due to lack of an official imaging report prior to consideration for surgery; and physical therapy twice a week for six weeks for the right knee was non-certified because the surgical procedure was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Diagnostic Arthroscopy Intra-articular surgery for the right knee:** 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 Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on the issue of diagnostic knee arthroscopy. According to the Official Disability Guidelines, knee chapter, the criteria to consider diagnostic arthroscopy of the knee are: 1. Conservative Care (medications or PT) and 2. Subjective clinical findings; and 3. Imaging findings. In this case, there is no recent imaging demonstrating surgical pathology or equivocal findings, therefore the request is not medically necessary.

### **Associated Surgical Service: Physical therapy for the right knee (12-sessions):** 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.