

<b>Case Number:</b>	CM15-0175507		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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:

The injured worker is a 30 year old female, who sustained an industrial injury on 11-14-2014. She has reported injury to the right knee. The diagnoses have included symptomatic torn medial meniscus; and internal derangement of the right knee including meniscus tear and patellofemoral chondromalacia. Treatment to date has included medications, diagnostics, activity modification, bracing, injection, and physiotherapy. Medications have included Lidoderm Patch. A progress report from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued right knee pain and a clicking sensation in the knee; she continued to exhibit symptoms of locking, catching, and giving way; pregnant at this time and unable to have surgery, she received conservative treatment in the form of physiotherapy, activity modification, and injection; this was unsuccessful; the corticosteroid injection provided only temporary relief; she uses Lidoderm patch for symptom control; and she continues to use the knee brace. Objective findings included positive medial joint line pain; positive McMurray's and Apley's tests of the medial joint line; a palpable click consistent with torn meniscus; no ligamentous laxity; range of motion is normal; torn meniscus confirmed by MRI; and once cleared after pregnancy, arthroscopy will be performed. The treatment plan has included the request for right knee arthroscopy, meniscectomy, and debridement; post-operative physical therapy (right knee) 3x4; and associated surgical service: crutches. The original utilization review, dated 08-11-2015, non-certified a request for right knee arthroscopy, meniscectomy, and debridement; post-operative physical therapy (right knee) 3x4; and associated surgical service: crutches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy meniscectomy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

**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 MRI from 12/10/14 did not show a meniscal tear. Therefore, the determination is not medically necessary.

**Post-operative physical therapy (right knee) 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated Surgical Service: Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.