

<b>Case Number:</b>	CM15-0039301		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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  
 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 51 year old female who sustained an industrial injury on January 24, 2104. The injured worker injured her knees, chin and right hand when she fell forward on a carpeted floor. The injured worker is status post left knee arthroscopy with partial medial and lateral meniscectomy in October 2013. The injured worker was diagnosed with contusions of the bilateral knees, patellar tendinitis and contusion right hand now resolved. According to the primary treating physician's initial report on December 1, 2014 the injured worker experiences right knee pain, which radiates to the calf and sole of the foot and the left knee pain radiates into the sole of the foot. Examination demonstrated bilateral knee flexion at 135 degrees, full and symmetrical motor strength, sensation and reflexes intact. The left knee was tender at the medial and lateral joints with minimal effusion and McMurray's sign produces pain. The right knee was tender laterally with mild effusion. The patient walks with a bilateral antalgic gait. On January 15, 2015 a left knee arthrography was performed which demonstrated lateral meniscus horizontal tear extending to the inferior surface and additional tearing/fraying of the anterior root ligament. No acute osseous abnormality was noted and the ligaments and tendons were intact. Current medications consist of Lamictal, Clonazepam, Depakote, Zegrid, and Seroquel. Current treatment measures are ice, elevation, right knee brace and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy with partial meniscectomy, chondroplasty and synovectomy QTY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Meniscectomy.

**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 12/1/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the determination is for non-certification.

**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); Knee & Leg, walking aids (crutches, canes, braces & walkers).

**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.

**Postoperative Physical Therapy twice weekly, left knee:** Upheld

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

**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.