

<b>Case Number:</b>	CM15-0066062		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Illinois, California, Texas  
 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 58-year-old female who sustained an industrial injury on 11/20/14. Injury occurred while she was assisting a patient to the restroom. The patient started to fall and the injured worker assisted her to the floor. She reported onset of low back, right shoulder and left knee pain. The 12/1/14 left knee x-rays showed minimal to mild osteoarthritis. The 1/12/15 treating physician report cited left knee pain with some swelling, but no locking or giving way. Knee pain was worse when she stands or bends the knee. Conservative treatment had included an injection to the left knee and medications. Physical therapy was ordered but not yet approved. Left knee exam documented medial joint line tenderness, mild knee swelling, no ligamentous instability, questionably positive McMurray's sign, and no retropatellar crepitus. The diagnosis included left knee sprain, rule-out internal derangement. The treatment plan recommended continued medications and awaits MRI. The 1/29/15 left knee MRI impression documented radial free edge tearing of the posterior root of the medial meniscus, small knee joint effusion with synovitis, and moderate to high-grade patellofemoral chondromalacia. The 2/16/15 treating physician report cited lumbar knee pain with positive left knee MRI findings. The diagnosis was torn meniscus. Treatment requested included left knee arthroscopy with medial meniscectomy, EKG, Chest x-ray, Labe-UA, CBC, and metabolic panel, post-operative crutches-purchase for the left knee. The 3/11/15 utilization review non-certified the request for left knee arthroscopy with medial meniscectomy and associated surgical requests as there was no documentation of response to recently certified physical therapy treatment. .

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Knee Arthroscopy with medial meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Meniscectomy.

**MAXIMUS 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: meniscectomy.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This patient presented with left knee pain with some report of swelling and initial popping. There were limited clinical findings associated with the imaging evidence of a radial tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure had not been submitted. Specifically, there was no evidence that recently certified physical therapy had been completed and failed to provide benefit. Therefore, this request is not medically necessary.

### **EKG, Chest X-ray, Labs: UA, CBC, Metabolic Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Institute for Clinical Systems Improvement (ICSI); 2008 Jul. 32 p.[20 references].

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Postoperative crutches - purchase for the left knee:** 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 Chapter, Walking Aids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 338-340.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.