

<b>Case Number:</b>	CM15-0090566		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 is a 27-year-old male, who sustained an industrial injury on 12/9/2014. The current diagnoses are patellofemoral joint arthrosis; cumulative trauma, left knee, and possible medial meniscal tear of the left knee. According to the progress report dated 3/11/2015, the injured worker complains of significant left knee pain, especially with prolonged standing, walking, bending, stooping, squatting, and heavy lifting. The level of pain is not rated. The physical examination of the left knee reveals synovial thickening, crepitus with range of motion, moderate patellofemoral joint tenderness along the lateral facet of the patella, mild medial joint line tenderness, a mildly positive medial McMurray's test, and palpable popliteal cyst posteromedial. The current medication list is not available for review. Treatment to date has included medication management and MRI studies. The MRI showed a large multiloculated popliteal cyst with severe patellofemoral joint arthrosis with intrameniscal degeneration of the posterior horn of the medial meniscus with a possible medial meniscus tear. The plan of care includes left knee chondroplasty, partial medial meniscectomy, cold therapy, and 12 post-operative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Chondroplasty, Partial Medial Meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 289, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

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

**Decision rationale:** According to the MTUS ACOEM Practice Guidelines, 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, 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 1/13/15 does not demonstrate a clear meniscus tear. It does demonstrate another reason for the ongoing symptoms in the form of patellofemoral arthritis. Based on the lack of clear imaging evidence of a meniscus tear, the request is not medically necessary.

**Cold Therapy:** 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.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physical Therapy (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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.