

<b>Case Number:</b>	CM17-0002892		
<b>Date Assigned:</b>	01/09/2017	<b>Date of Injury:</b>	10/15/2016
<b>Decision Date:</b>	02/08/2017	<b>UR Denial Date:</b>	12/07/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/04/2017

### 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: Colorado,Texas,Arizona

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 case involves a now 55-year-old male, with a history of an occupational claim from 10/15/2016. The mechanism of injury was detailed as the patient was working on his knees on a metal plate and twisted the right knee. The current diagnoses are documented as tear of the medial cartilage and/or meniscus, rupture of the ACL, knee pain, and chronic pain. Prior relevant treatment has included activity modification, rest, medications, and office visits. The patient's treatment plan included surgery and ancillary services. Diagnostic studies included an MRI of the right knee dated 11/01/2016, that revealed medial meniscal tearing, effusion, poorly visualized ACL with possible partial tear, possible tendinopathy, and edema. No relevant surgical history was documented as contributory on the most recent clinical note. Medications were not adequately documented on the most recent clinical note. According to the clinical note dated 12/14/2016, the patient presented for evaluation. The patient had right knee pain. The patient had difficulties with activities of daily living. The patient was noted to have locking/ catching and instability. The patient had an antalgic gait. The patient had 5/5 muscle strength. The patient had medial joint line tenderness and a positive McMurray sign. A request for authorization was submitted on 11/30/2016. This case was previously noncertified on 12/07/2016, due to a lack of physical exam findings and guideline support for the requested services, as well as a lack of documentation of meniscal pathology, and a lack of documentation of conservative care.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee arthroscopy with evaluation of ACL, medical meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** According to the ACOEM Guidelines, surgery is recommended after the failure of conservative care, when physical exam findings and imaging corroborate the medical necessity of the request. In this case, the patient had imaging indicative of meniscal pathology; however, further clarification is needed as to the patient's course of conservative care, to include the actual amount of physical therapy visits recently attended and the efficacy of recent physical therapy. There was no documentation of the recent trial and failure of injections, on the most recent clinical note. The ACL was poorly visualized on imaging. As such, the request is not medically necessary.

**PA assist:** 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:** As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

**Post operative physical therapy for the right knee 2 times a week for 6 weeks:** 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:** As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.