

<b>Case Number:</b>	CM13-0003047		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 62-year-old male with a 6/10/13 date of injury. At the time (7/9/13) of request for authorization for 1 right knee arthroscopy with partial medial and lateral meniscectomy, debridement, chondroplasty; and excision of Baker's cyst, there is documentation of subjective (pain and swelling in the right knee as well stiffness) and objective (slight antalgic gait, right knee swelling, positive McMurray's, crepitus, and range of motion of -5 to 110 degrees in the right knee) findings, imaging findings (MRI right knee (6/18/13) report revealed moderate tibiofemoral and mild patellofemoral compartment arthrosis; degenerative changes in the medial meniscus with small vertical tears in the anterior and posterior horns extending into the inferior articular surface; small interstitial tear in the mid third of medial collateral ligament; degenerative changes in lateral meniscus with small vertical tear in posterior horn; moderate joint effusion; and moderate Baker's cyst), current diagnoses (knee strain/sprain), and treatment to date ("meds" and walking cane (6/17/13 medical report)). A treatment plan dated 7/9/13 identifies a request for right knee arthroscopy, partial medial/lateral meniscectomy, debidement, chondroplasty, and excision Baker's cyst.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL AND LATERAL MENISCECTOMY, DEBRIDEMENT, CHONDROPLASTY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation MTUS: ACOEM, MENISCUS TEAR, 344-345

**Decision rationale:** ACOEM Guidelines indicate that 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); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of knee strain/sprain. In addition, there is documentation of conservative care (Medication), at least two symptoms (Joint pain and Swelling), at least two findings (Positive McMurray's sign and Crepitus), and imaging findings (Meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request is medically necessary and appropriate.

**EXCISION OF BAKER'S CYST:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** ACOEM Guidelines indicate that 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); clear signs of a buckethandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. The ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of knee strain/sprain. In addition, there is documentation of conservative care (Medication), at least two symptoms (Joint pain and Swelling), at least two findings (Positive McMurray's sign and Crepitus), and imaging findings (Meniscal tear on MRI).

Therefore, based on guidelines and a review of the evidence, the request is medically necessary and appropriate.