

<b>Case Number:</b>	CM13-0008616		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This patient was injured in a work-related accident on 6/23/10 sustaining injury to his right knee. The records indicate that following a course of conservative care he is noted to be status post a right knee arthroscopic anterior cruciate ligament reconstruction with allograft performed on 10/25/11. Recent clinical assessment dated 11/14/13 with the treating physician, [REDACTED], noted that he had continued complaints of pain about the knee stating that the knee is "giving out at times." He recently attended a course of formal physical therapy and had undergone medication management. Objectively, there is noted to be examination with 0-130° range of motion, no effusion, negative Lachman and anterior Drawer, negative McMurray Test, and noted pain about the medial joint line to palpation but no pain laterally. The claimant was diagnosed with continued medial side pain with no gross instability status post an anterior cruciate ligament reconstruction. He is noted to have failed conservative care. Surgical intervention in the form of a right knee arthroscopy with partial medial meniscectomy was recommended for further definitive management. Previous imaging for review is an MRI dated July 2012 that demonstrates no acute post-operative findings including no meniscal pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy partial medial meniscectomy: Upheld**

**Claims Administrator 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

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

**Decision rationale:** Based on the ACOEM Guidelines, a surgical process to include right knee arthroscopy and partial medial meniscectomy would not be indicated. The claimant's clinical evaluation is nonspecific for meniscal pathology with negative McMurray's testing and with imaging performed over 1½ years ago negative for meniscal findings. The clinical absence of imaging and physical examination findings specific of internal derangement consistent with meniscal pathology would fail to necessitate the surgical process as requested in this case. The request is not medically necessary and appropriate.