

<b>Case Number:</b>	CM13-0017383		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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:

This is a 55-year-old gentleman who was injured in a work-related accident on 9/24/10. The medical records provided for review specific to this individual's right knee include a 3/3/14 medical evaluation documenting that he is status post right knee arthroscopic partial medial meniscectomy on 11/13/10. Physical examination at that time showed the right knee to have 0-138 degrees of motion, 5/5 strength, normal sensation, no instability, and mild medial joint line tenderness to palpation. The working diagnosis was right knee medial meniscal tear. The documentation indicates that because the claimant has failed conservative care, repeat knee arthroscopy was recommended. Unfortunately, there are no reports of post-operative imaging available for review. However, there is documentation by the treating physician that a previous MRI scan showed evidence of a prior partial medial meniscectomy with a possible re-tear but no evidence of acute meniscal finding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHROSCOPY SURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG OFFICIAL DISABILITY GUIDELINES, INDICATIONS FOR SURGERY, MENISCECTOMY.

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

**Decision rationale:** The ACOEM Guidelines support surgery when physical examination findings correlate with imaging results. Based on California ACOEM Guidelines, the request for right knee arthroscopy cannot be supported. While this individual is noted to have continued complaints of pain and medial joint line tenderness on examination, there are no imaging reports provided for review to confirm acute meniscal findings. While there is documentation that an MRI shows evidence of prior partial meniscectomy, it also is documented that the MRI shows no evidence of repeat tearing. The absence of the imaging report and correlation with the claimant's examination findings would fail to support the need for further right knee arthroscopy in this case.