

<b>Case Number:</b>	CM13-0021093		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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:

The claimant is a 49-year-old gentleman who was injured on 01/06/12. Clinical records indicate an injury to the left knee. Records for review include a prior operative report to the left knee indicating the claimant underwent a May 2012 left knee arthroscopy, medical meniscectomy, extensive chondroplasty, and synovectomy and plica excision. The operative report also indicated a lateral retinacular release had occurred. Given ongoing complaints, an MRI scan of 03/14/13 was performed of the knee that showed no indication of recurrent meniscal tearing. Clinical records do not document recent course of conservative care or treatment. At present, there is documentation for the need of a left knee arthroscopy, meniscectomy, debridement and a "possible lateral retinacular release."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy, meniscectomy, debridement and possible lateral release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** Based on California ACOEM Guidelines the records and clinical imaging in this case does not support the role of operative intervention. Currently, there is no indication for the role of a repeat lateral retinacular release or meniscectomy without imaging findings to support recurrent tearing. Furthermore, there is no current physical examination finding to support the need for a revision lateral retinacular release or any indication of continued medial compartment mechanical symptoms.