

<b>Case Number:</b>	CM13-0035399		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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.

### 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 patient is a 55-year-old male who was injured in a work related accident on 6/27/08. The records indicate an injury to the left knee. A recent clinical assessment for review includes a computed tomography (CT) arthrogram of the left knee dated 4/26/13 that shows prior anterior cruciate ligament (ACL) reconstruction intact with a macerated posterior horn and body of the medial meniscus with focal loss of the articular cartilage and a small osteochondral defect to the weightbearing surface of the lateral femoral condyle. An orthopedic assessment on 10/11/13 indicated ongoing complaints of knee pain. The physician indicated the patient had failed conservative care in regards to the knee including visco injections, medication management and activity modification. The physician recommended surgery in the form of a knee arthroscopy and also indicated a prior surgical process from February 2010 that included a knee arthroscopy, lateral meniscectomy, loose body removal and debridement tricompartmentally. The physician states the patient continues to describe pain. As stated, surgical intervention in the form of meniscectomy and debridement was recommended for further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee operative arthroscopy with meniscectomy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** MTUS guidelines indicates that arthroscopic meniscectomy has a high success rate, guidelines it also indicate that meniscectomy and meniscal surgery may not be equally beneficial in patient's demonstrating signs of degenerative changes or processes. In this case, the medical records submitted for review indicate that the patient presents with long and chronic treatment to the left knee including treatment for specific underlying osteoarthritic change with viscosupplementation and the patient has previously undergone a meniscectomy. Thus, the continued role of a second surgical process for meniscectomy in this patient's clinical setting of advanced degenerative changes would not be supported per MTUS guidelines. The request for left knee operative arthroscopy with meniscectomy and debridement is not medically necessary and appropriate.