

<b>Case Number:</b>	CM13-0037123		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Texas. 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 patient is a 52-year-old female who reported an injury on 1/20/98. The patient developed chronic low back pain. Previous treatments included physical therapy, medications, chiropractic treatment, psychotherapy, massage therapy, surgery, epidural steroid injections, facet joint injections, and medial branch nerve blocks. The patient underwent an MRI of the left knee that revealed a complex tear of the lateral meniscus, moderate knee joint effusion, and mild changes of the chondromalacia of the patella. The patient's most recent clinical examination findings included a hot, boggy, swollen knee with mechanical symptoms. The patient's diagnoses included meniscal tear, and the treatment plan included meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for one right knee exam under anesthesia, medial/lateral meniscectomy and debridement:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The clinical documentation submitted for review evidences that the patient has recurrent knee joint effusion and mechanical symptoms that have failed to respond to conservative treatments such as physical therapy, a home exercise program, and medications and injections. The American College of Occupational and Environmental Medicine states that "arthroscopic partial meniscectomy usually has a high success rate for cases in which there is a clear evidence of meniscus tear/symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle 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 clinical documentation submitted for review evidences that the patient has recurrent significant knee joint effusion with mechanical symptoms to include catching and locking, causing disruption in her ability to perform activities of daily living. Physical findings included linear tenderness along the lateral joint line with significant joint effusion. The clinical documentation submitted for review includes an MRI that provides evidence of a significant meniscus tear. Additionally, the patient has failed to respond to physical therapy, medications, and joint injections. The patient has significant physical findings, subjective complaints, and an imaging study to support the need for surgical intervention. The requested treatment would be indicated by guideline recommendations.

**The request for one series of x-rays for the knees (AP standing, notch lateral, and skyline view):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends the use of x-rays for the knees for patients following traumatic injury. The clinical documentation submitted for review does not provide evidence that the patient has recently undergone a traumatic injury; the clinical documentation supports that the patient has a chronic ongoing knee issue. Additionally, the clinical documentation supports that the patient is a surgical candidate. An MRI was provided for review; therefore, additional imaging would not be supported. As such, the request is not medically necessary or appropriate.