

<b>Case Number:</b>	CM13-0038194		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Medicine, and is licensed to practice in Pennsylvania. 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 44-year-old with a reported injury date on April 27, 2009. The claimant had a previous right knee arthroscopy in 2009, at which time a partial lateral meniscectomy was performed. The claimant later reported increased symptoms in May of 2013 and underwent a subsequent MRI. The MRI report of July 30, 2013 documented a lateral meniscus tear with extrusion. The claimant was also noted to have degenerative changes in all three compartments. The claimant failed treatment with a corticosteroid injection, and a repeat arthroscopic evaluation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right knee medial and lateral meniscectomy with patellofemoral chondroplasty and debridement:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines 18th Edition; 2013 Updates: Knee and Leg Chapter, Chondroplasty Section.

**Decision rationale:** Based upon the Knee Complaints Chapter of the ACOEM Practice Guidelines and supported by the Official Disability Guidelines, the requested surgery would be appropriate in this case given the relatively young age of this claimant. The claimant is only 44-years-old and appears to have at least a new lateral meniscus tear and potentially a medial meniscus tear. The claimant has failed conservative treatment with an injection, and it appears that the claimant has also been treated with physical therapy and medications. It does not appear that this relatively young patient has severe end-stage arthritis that would contraindicate an arthroscopic procedure. Accordingly, a repeat arthroscopy to evaluate both the medial and lateral meniscus would be reasonable at this time based on this information found in the medical records provided. The request for a right knee medial and lateral meniscectomy with patellofemoral chondroplasty and debridement is medically necessary and appropriate.