

<b>Case Number:</b>	CM13-0041666		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 57-year-old gentleman injured in a work-related accident on 1/31/13. The records indicate an injury to the left knee. Specific to the claimant's left knee, there is documentation of a left knee MRI dated 3/4/13 showing tearing to the posterior horn and body of the medial meniscus with an intact ligamentous finding. Ultimately following a course of conservative care, an operative report dated 12/17/13 indicated that the claimant underwent surgical arthroscopy with partial medial meniscectomy, chondroplasty, excision of plica, and removal of loose body. His preoperative diagnosis was that of meniscal tearing and arthritis. Review of operative report indicated Grade II chondromalacia to the patella with Grade I changes to the medial femoral condyle. There is a request in this case for the necessity of the surgical process performed as well as the need for an assistant surgeon, post-operative use of a knee brace, and purchase of a cryotherapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISCECTOMY:** Overturned

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

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

**Decision rationale:** Based on California ACOEM Guidelines, the role of surgical arthroscopy and partial medial meniscectomy in this case would have been supported. The claimant's preoperative imaging including MRI showed clear evidence of meniscal pathology with concordant findings on preoperative examination. The surgical process took place after a course of failed conservative care. While the claimant was noted to be with underlying degenerative arthritis, it was only to a minimal Grade I degree and minimal Grade II degree to the medial compartment and patellar compartment respectively. Given the claimant's mechanical symptoms and clear pathology on MRI, the role of the surgical procedure that was ultimately performed on 12/17/13 was medically necessary.

**ASSISTANT SURGEON:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) , MILLIMAN CARE GUIDELINES 17TH EDITION: ASSISTANT SURGEON ASSISTANT SURGEON GUIDELINES (CODES 29240 TO 29894) CPT<sub>6</sub> 1/2 Y/N DESCRIPTION 29881 N ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDI

**Decision rationale:** MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon for a knee arthroscopy is not supported. There would have been no indication for the use of an assistant surgeon in this individual's arthroscopic procedure.