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| <b>Case Number:</b>   | CM13-0053229 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 02/10/2012 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 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 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 59-year-old female injured in a work-related accident on 2/10/12. The clinical records provided for review that pertain to her left knee reviewed include an MRI report dated 10/17/12 identifying chondromalacia of the medial aspect of the patella but no documentation of meniscal pathology. There was an abnormal signal noted in the anterior horn of the lateral meniscus most likely related to artifact but it was difficult to exclude a vertical tear. The records do not any past surgical history. There is documentation of failed conservative care for the left knee. The 10/17/13 progress report noted ongoing complaints of pain, an abnormal gait pattern, and physical examination findings showing tenderness over the joint lines. In light of the fact conservative treatment had failed, the recommendation was made for arthroscopy of the knee with partial medial and lateral meniscectomy. The treating provider documented that the abnormal signal change of the anterior horn of the lateral meniscus possibly represented a tear. No further imaging reports were available for review except the 10/17/12 MRI scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE MEDIAL AND LATERAL MENISCECTOMY:** Upheld

**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:** California ACOEM Guidelines would not support the request for left knee medial and lateral meniscectomy as medically necessary. This claimant's MRI scan from 2012 fails to demonstrate acute meniscal pathology. Without documentation of evidence of imaging indicative of meniscal findings, the acute need of surgical process based on the claimant's 2012 MRI scan alone would not be indicated.