

<b>Case Number:</b>	CM13-0056360		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 59-year-old male sustained an injury to the right knee on 07/06/11 while teaching a martial arts class. The medical records provided for review included an MRI report of the right knee from 08/02/13 that showed motion artifact with a grade III signal change of the posterior horn of the medial meniscus with blunting of the lateral meniscus consistent with prior lateral meniscectomy. There was moderate patellofemoral crepitation as well as full thickness cartilage loss involving the patella. Grade II loss was noted about the medial trochlear groove with a moderate joint effusion. There was also mild lateral and grade III medial compartment chondral change. Recent clinical assessment for review on 10/17/13 documented ongoing complaints of continued pain about the knee. Physical examination findings showed no acute findings, but the claimant was noted to have painful pivoting and weight bearing. Based on the MRI findings and failed care, surgical arthroscopy to include a partial medial and lateral meniscectomy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT KNEE ARTHROSCOPIC PARTIAL LATERAL AND MEDIAL MENISCECTOMIES AND CHONDROPLASTY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation ODG Knee and Leg

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

**Decision rationale:** Based on the California ACOEM Guidelines, the requested surgery for partial medial and lateral meniscectomy and chondroplasty is not supported. The claimant's clinical records indicated an underlying degenerative process of the knee with no formal documentation of acute medial or lateral acute tears on imaging studies. The claimant's MRI appeared to be highly consistent with prior surgical findings. Given lack of objective findings on physical examination and the results of current imaging, the role of operative process is not indicated. Therefore, the requested right knee arthroscopic partial lateral and medial meniscectomies and chondroplasty are not medically necessary at this time.