

<b>Case Number:</b>	CM13-0061890		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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, has a subspecialty in Spinal 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 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:

This is a 32-year-old male. Date of injury is documented as 8/16/11. The patient was initially diagnosed with a left patellar fracture. The patient underwent a left knee manipulation on 5/8/12. The patient received physical therapy. MRI (magnetic resonance imaging) from 5/10/13 demonstrates an inner margin tear of the posterior horn and body of the medial meniscus with a 2mm inferior migration of a meniscal flap alongside the media; tibial plateau. An xam notes from 10/21/13 demonstrate the patient is in continued pain with catching and locking towards the medial and lateral aspects of the knee. Exam findings noted 1+ anterior drawer and Lachman's testing. Diagnosis of left knee dislocation status post multi-ligamentous knee reconstruction, medial and lateral meniscal tear was included in diagnosis. The treating physician is requesting left knee arthroscopy with medial and lateral meniscus debridement versus repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with medial and later meniscus debridement versus repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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).

**Decision rationale:** Based upon the records reviewed there is insufficient evidence to support knee arthroscopy. There is no evidence of recent attempts at nonsurgical management as documented in the records. Therefore, the determination is for non-certification as not medically necessary.