

<b>Case Number:</b>	CM13-0062392		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 and is licensed to practice in Texas. 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 patient is a 47-year-old male who reported an injury on August 02, 2011. The mechanism of injury was noted to be the patient was squatting and stood, experiencing a sudden sharp medial knee pain. The patient was noted to have physical therapy and surgery in November 2011 for the left knee. The note dated May 06, 2013 revealed that the patient had pain in the bilateral knees, right greater than left. The most recent documentation dated November 06, 2013, revealed that the patient complained of medial knee pain, which was worst with prolonged weight bearing and substantial upon initiation of motion or with prolonged sitting with the knees flexed. The patient indicated he had difficulty sleeping at night when he turned on his side, and there was pressure at the medial aspect of the left knee. Objectively, the skin was intact in the left knee without swelling, warmth, or erythema. No surgical scars were noted. There was no synovitis or fusion. he patient had tenderness to palpation at the medial or lateral joint line, medial greater than lateral. here was mild tenderness at the pes anserinus bursa. McMurray's testing caused the patient a kind of sharp, medial joint line pain. There was no instability. The patient had x-rays taken in the office, which showed normal alignment with trace medial joint space narrowing, medial joint space on the left measured 4 mm as compared to 4.5 mm on the right. According to the treating physician, the patient's examination findings, complaints, and an MRI scan were consistent with a recurrent meniscus tear, so the patient would need a left knee arthroscopy and debridement with a partial medial meniscectomy. The patient's diagnosis included sprains and strains of the knee and leg, with a derangement of the posterior horn of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Diagnostic Arthroscopy.

**Decision rationale:** The California MTUS/ACOEM guidelines do not address diagnostic left knee arthroscopy. The Official Disability Guidelines indicate diagnostic arthroscopy is appropriate for patients who have trialed and failed medications or physical therapy, and patients who have pain and functional limitations despite conservative care and the imaging is inconclusive. The clinical documentation submitted for review indicated that the patient had an MRI that was consistent with a recurrent meniscus tear. However, the official read of the MRI was not provided for review. Additionally, per the physician notes, the request was for a left knee arthroscopy and debridement with a partial meniscectomy. The request, as submitted, was for a left knee arthroscopy. Given the above and the lack of clarity, the request for a left knee arthroscopy is not medically necessary.