

<b>Case Number:</b>	CM13-0064235		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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:

The patient reported injury on 12/16/2011. The mechanism of injury was noted to be the patient was in a truck lifting 2 pallets and 1 side of the cable broke. The patient lost his footing and grabbed onto 1 of the side cables and twisted his left knee and heard a crack. The patient had a left knee arthroscopy on 10/12/2012 and 03/24/2012. The patient had an MRI of the left knee with contrast post arthrogram on 07/15/2013, which revealed a moderate joint effusion, moderate mucoid degeneration of the anterior cruciate ligament for the patient's age, small ganglions, minimal fibrillation of the patellar cartilage slightly lateral to the midline, and moderate intrameniscal degeneration of the residual body and posterior horn of the medial meniscus. The office note of 11/20/2013 revealed that the patient had a cortisone shot that provided dramatic relief. It was indicated the patient had mechanical symptoms. The physical examination of the knees showed bilateral abnormalities. The assessment was noted to be knee joint pain. The physician opined the patient should have a revision and diagnostic arthroscopy with a plan for a partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee scope, revision partial medial Meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter and Postsurgical Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that an arthroscopic partial medial meniscectomy has a high success rate for cases where there is clear evidence of a meniscus tear, including symptoms other than pain, locking, popping, giving way, and recurrent effusion with clear signs of a bucket handle tear on examination, which includes tenderness over the suspected tear but not over the entire joint line and possible a lack of full flexion, and consistent findings on an MRI. The clinical documentation submitted for review failed to indicate the patient had a clear tear on the MRI. It was indicated the patient had moderate intrameniscal degeneration of the residual body and posterior horn of the medial meniscus. There was a lack of documentation of an objective examination to indicate the patient had clear evidence of a meniscus tear. Given the above, the request for Left knee scope, Revision partial medial Meniscectomy is not medically necessary.

**Post-op physical therapy 3 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter and Postsurgical Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.