

<b>Case Number:</b>	CM13-0064440		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	06/12/2014	<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 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:

The claimant, a 67-year-old female, was injured in a May 2, 2008, work-related accident. Specific to the right knee, the records available for review document a February 23, 2013, MRI scan that shows the following: a discoid lateral meniscus with a signal change; a longitudinal, horizontal oblique tear to the posterior horn and body of the medial meniscus; and a displaced meniscal flap. There is noted to be high-grade cartilage loss along the medial femoral tibia and, to a lesser extent, the femoral condyle. Mild cartilage loss laterally was also noted. An April 24, 2014, follow-up report indicated continued complaints of knee pain and no change in recent right knee symptoms. Physical examination demonstrated a positive McMurray's test and diminished range of motion with patellofemoral crepitus. Based on failed conservative care, knee arthroscopy with partial medial meniscectomy was recommended. There is no recent documentation of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL MENISCECTOMY AND CHONDROPLASTY MEDIAL COMPARTMENT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341-342, 344.

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for surgical intervention would not be indicated in this case. ACOEM Guidelines recommend knee arthroscopy and meniscectomy in situations in which there is clear evidence of meniscal findings on both physical examination and imaging studies. ACOEM Guidelines specifically state that surgery for advanced degenerative arthrosis yields less-than-satisfactory outcomes. While this individual is noted to have tearing of the medial meniscus, the records also document Grade IV changes to the medial compartment of the knee consistent with end-stage arthritis. This request for surgical arthroscopy given the advanced degenerative findings would not be supported by the ACOEM Guidelines as medically necessary.