

<b>Case Number:</b>	CM13-0068645		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and 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 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 record notes a 61-year-old individual with a date of injury of September 12, 2012. The mechanism of injury reported was a trip, twisting the right knee, while taking boxes outside and pushing a door open. The diagnosis noted is a meniscus tear. Provided for review in support of the above noted request is a progress note dated July 15, 2013. Pain in the right knee is noted with physical exam findings of a large effusion. An MRI was obtained on August 8, 2013 which revealed a 1 cm nondisplaced shallow osteochondral fracture involving the medial femoral condyle with an associated large amount of bone edema. A meniscus tear was noted in the posterior horn of the medial meniscus with a displaced meniscal fragment noted as well as a grade 1-2 sprain of the MCL. Chondromalacia of the medial patellar facet was noted, as well as a small joint effusion. Several intra-articular free bodies were within a Baker's cyst. Physical exam reveals an effusion, and pain with range of motion testing. Within the medical record, there is documentation summarizing orthopedic encounter notes from 2012. The documentation provided on these notes does reference a positive McMurray's, and some mechanical symptoms. Valgus and varus stress testing provided evidence of no instability. Range of motion was 0 to 120. X-rays of the right knee were reportedly normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHROSCOPY:** Upheld

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

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

**Decision rationale:** Knee Complaints Chapter ACOEM guidelines support diagnostic arthroscopic procedures in select clinical settings to evaluate and treat knee pain, where clinical suspicion of meniscus tear, or intra-articular body is noted. The guidelines support knee arthroscopy with meniscal procedures for symptomatic/torn menisci for individuals who have not responded after several weeks of conservative treatment with NSAIDs, activity modification, and physical modalities. The guidelines indicate the claimants who have marked mechanical symptoms such as locking are candidates for early operative intervention. The record provides documentation that in 2012, at which point a detailed physical exam was provided, the claimant had no evidence of locking symptoms, and a range of motion of 0-120. At that point, no conservative treatment was documented. An MRI from August 2013 reveals a nondisplaced shallow osteochondral fragment involving the medial femoral condyle with bone marrow edema, a meniscus tear with a displaced meniscus fragment, a low grade MCL sprain, and chondromalacia of the medial patellar facet. The recent documentation includes little clinical information, including a physical examination. Evidence provided notes the claimant has been on anti-inflammatories, as well as activity modification, however, there is no documentation of physical medicine (physical therapy or a home exercise program), nor is there any documentation of recent provocative testing to support that the findings identified on MRI are symptomatic, pain generator. Additional documentation is needed regarding the physical exam findings to support the diagnoses noted for which the arthroscopic procedure is being requested, as well as documentation showing failure to respond to conservative treatment including physical medicine modalities. Based on the information available in the clinical record, this request is not medically necessary.