

<b>Case Number:</b>	CM13-0069743		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Pennsylvania. 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 patient is a 37-year-old gentleman who was injured in a work related accident on 04/01/10. Specific to the claimant's right knee, the clinical records include a recent 11/11/13 progress report, which states that a recent MRI scan was reviewed showing a negative examination for ACL insufficiency. The MRI was from 08/26/13 that also demonstrated mixed degeneration in the medial meniscus and a chronic tear to the body of the lateral meniscus with advanced degenerative arthritis and osteophyte formation and medial and lateral joint space with joint space narrowing and a small joint effusion. The 11/11/13 examination findings showed a 20 cc effusion with a stable ligamentous examination, tenderness along the patellofemoral and lateral joint line, and positive Apley's testing. The claimant was diagnosed with a chronic tear to the lateral meniscus. Based on the current findings, surgical intervention was recommended in the form of a diagnostic arthroscopy and 12 sessions of postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT DIAGNOSTIC ARTHROSCOPIC OF KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Comp (ODG-TWC), 18th Edition, 2013 Updates: knee procedure - Diagnostic arthroscopy

**Decision rationale:** Based on California ACOEM Guidelines, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. While the claimant is noted to have chronic tearing to the meniscus, he is also noted to be with advanced degenerative changes tricompartmentally. ACOEM Guidelines in regard to meniscal surgery in the setting of arthritis indicate that surgical benefit is significantly lessened. ODG Guideline criteria would not indicate the acute need for surgical intervention in the setting of advanced arthritis. Therefore, this specific request for right diagnostic arthroscopic of knee is not medically necessary and appropriate.

**12 POST-OP PHYSICAL THERAPY SESSIONS 3 TIMES 4 OF THE RIGHT KNEE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.