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| <b>Case Number:</b>   | CM14-0003147 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 01/05/2011 |
| <b>Decision Date:</b> | 06/19/2014   | <b>UR Denial Date:</b>       | 12/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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:

This is a 77-year-old female with a 1/5/11 date of injury who apparently fell on her right knee on a marble floor while working as a personal shopper for [REDACTED]. The patient apparently had injections to the knee and slipped again the next day on the same knee and same marble floor. She had an orthopedic consultation on 8/27/13 where it was noted the patient had lateral sided right knee pain with radiation to the back of the knee and difficulty climbing stairs. Her pain was 6-9/10. Exam findings revealed patellar tenderness, positive Thessaly and negative McMurray's test. Apley's test was positive. Strength was 5/5. An MRI on 10/3/13 revealed degenerative changes of the posterior horn of the medial meniscus and fraying of the inferior articular surface, as well as thinning of the posterior patella. She was seen by [REDACTED] on 11/27/13 who noted the patient top have 8/10 right knee pain and the MRI was reviewed which showed a grade 3 tear of the medial meniscus and oblique tear of the posterior horn and anterior horn of the lateral meniscus, as well as tricompartmental arthritis, severe in the patellofemoral joint and mild in the medial and lateral compartments. The patient is not noted to be in physical therapy and is taking Tylenol and Non-Steroidal Anti-Inflammatory Drugs (NSAID) for pain, as well as Xanax. Utilization Review Decision dated 12/27/13 denies the request for meniscectomy given ht epatient was lacking mechanical symptoms such as popping, locking, give way, recurrent effusion, or bucket handle tear on exam. In addition the patient is noted to have tricompartmental arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE ARTHROSCOPY/SURGERY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Chronic Pain Treatment Guidelines Knee Complaints. . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Arthritis

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. However, this is a 77 year old patient who is noted to have degenerative tricompartmental arthritis in the right knee, severe in the patellofemoral joint and mild in the medial and lateral compartments. (ODG) Official Disability Guidelines states that arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. In the Meniscal Tear in Osteoarthritis Research (METEOR) trial, there were similar outcomes from Physical Therapy (PT) versus surgery. In this RCT, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. Thus, although the patient has a meniscal tear finding on MRI, given the degree of her degenerative arthritis, an arthroscopy and meniscectomy is not recognized as more appropriate than conservative treatment measures for symptomatic osteoarthritis (i.e. activity modification, physical therapy, bracing, oral analgesics, intra articular injection therapy with cortisone and/or viscosupplement. Therefore, medical necessity for diagnostic knee arthroscopy has not been established.