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| <b>Case Number:</b>   | CM14-0004063 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 08/08/2005 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/12/2013 |
| <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:

The patient is a 50-year-old male with an 8/8/05 date of injury. His subjective complaints include constant pain, mostly to the medial side of the joint, and difficulty at times driving a truck at work. Objective findings include range of motion from 0 to about 130 degrees, tenderness to medial joint line, McMurray's sign minimal to the lateral side, and an area of point tenderness at the medial femoral condyle. An MRI of the left knee on 8/15/13 revealed meniscal substance degeneration with evidence of a subtle tear of the lateral meniscus; chondromalacia with fissuring, especially of the patella; marked cartilaginous loss of the medial femoral condyle with mild subchondral bone bruising of the medial tibial plateau; partial tear/strain injury of the ACL, fibular collateral ligament and popliteus tendon; and small knee effusion. His current diagnoses are torn medial meniscus, torn lateral meniscus of the left knee, and treatment to date has been ice, anti-inflammatories, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPIC : MEDICAL MENISECTOMY, LATERAL MENISECTOMY, CHONDROPLASTY:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, MENISCUS TEAR, 344-345

**Decision rationale:** The MTUS/ACOEM Guidelines states that 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. The Official Disability Guidelines state that meniscectomy may be recommended with documentation of conservative care (physical therapy or medication or activity modification), at least two symptoms (joint pain, swelling, feeling of give way, or locking/clicking/popping), at least two findings (positive McMurray's sign, joint line tenderness, effusion, limited range of motion, crepitus, or locking/clicking/popping), and imaging findings (meniscal tear on MRI). Within the medical information available for review, there is documentation of diagnoses of torn medial meniscus, and torn lateral meniscus of the left knee. In addition, there is documentation of physical therapy and medication (i.e. past conservative care. There is also documentation of joint pain and activity limitation (i.e. at least two symptoms), positive McMurray's sign and joint line tenderness (i.e. at least two findings), and MRI confirmation of meniscal tear (i.e. imaging findings). As such, the request is medically necessary.