

<b>Case Number:</b>	CM14-0104730		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 69 year old female claimant with an industrial injury dated 02/22/13. MRI dated 01/04/14 of the left knee demonstrates tricompartmental osteoarthritic change, bone marrow edema posterior medial condyle, globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Also there is grade 2 increased signal intensity in the posterior horn of the lateral meniscus. The patient is status post an injection to the left knee as of 02/26/14, but reports that the right knee has worsened and has been using a brace with limited improvement. Upon physical exam the patient had a range of motion of -5/90. There was evidence of tenderness to palpation surrounding the knee revealing severe pain at the medial joint line. The patient completed a positive MrMurray's test of the left knee. Conservative treatments have included physical therapy, acupuncture, dental treatment, and medications. Treatment includes a left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee arthroscopy outpatient arthroscopy, knee, diagnostic, with or without synovial biopsy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Arthroscopic Surgery for Osteoarthritis.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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." In this case the MRI from 1/4/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. 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." As the patient has significant osteoarthritis the request for Knee Arthroscopy is not medically necessary.