

<b>Case Number:</b>	CM14-0011042		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/23/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 48-year-old male sustained an industrial injury on 2/23/00, due to cumulative trauma. The 12/21/12 left knee MRI impression documented intrasubstance degenerative signal at the posterior horn of the medial meniscus with femoral surface fraying but no definite tear. There was mild stable degenerative of the articular cartilage noted in the lateral compartment. The 12/19/13 orthopedic report cited left knee pain with MRI findings consistent with a medial meniscus tear and fibrillation of the cartilage on the lateral femoral condyle and lateral plateau. Left knee exam documented a slight limp, normal alignment, full range of motion, and no increased anterior/posterior or varus laxity. There was pain with palpation over the medial joint line. Left knee x-rays were obtained and reported as normal. The diagnosis was symptomatic medial meniscus tear with early degenerative arthritis. The treatment plan recommended left knee arthroscopy with meniscectomy and possible debridement. The 12/30/13 utilization review denied the left knee arthroscopy and associated requests as guideline criteria were not met relative to conservative treatment, symptoms other than pain, or imaging findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY WITH MEDIAL MENISCECTOMY:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

**Decision rationale:** The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. There is no evidence of symptoms other than pain. Clinical findings are limited to pain over the medial joint line. Imaging findings do not provide clear evidence of a meniscal tear. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

**POST-OP PHYSICAL THERAPY, 2 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

**CRUTCHES:** Upheld

**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 Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

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