

<b>Case Number:</b>	CM14-0016188		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 claimant is a 39-year-old gentleman who injured his right knee on March 21, 2012. The records available for review include an MRI report dated March 19, 2013, showing severe, lateral compartment grade IV arthritic findings, evidence of prior partial meniscectomy to the lateral compartment, a signal change to the anterior cruciate ligament, and medial and patellofemoral arthrosis. A January 16, 2014, follow-up report indicated continued complaints of right knee pain and swelling. No instability and no other clinical findings were documented. The records state that the claimant failed conservative care. This request is for arthroscopy with meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE SCOPE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Guidelines, Page 343-345

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

**Decision rationale:** Based on California ACOEM Guidelines, the surgical request for right knee arthroscopy and meniscectomy would not be indicated. The claimant's imaging demonstrates tricompartmental degenerative change with lateral full thickness articular cartilage loss and evidence of prior lateral meniscectomy. The records document no acute evidence of internal derangement to support the need for arthroscopic intervention. ACOEM Guidelines indicate that the role of meniscectomy for advanced arthrosis is of little clinical benefit. Based on the recommendation of the ACOEM Guidelines, the claimant's imaging findings, and the lack of documented physical examination findings, would fail to establish arthroscopy as medically necessary.