

<b>Case Number:</b>	CM14-0116149		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/31/2001
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 56 year old male with a 1/31/01 injury date. He injured his left knee while moving pallet boxes. He has a history of left knee anterior cruciate ligament (ACL) reconstruction in 1999. In a 6/5/13 follow-up, the patient had persistent left knee pain. Objective findings included medial joint line tenderness, positive McMurray's, and intact ligaments. An x-ray of the left knee revealed narrowing of the medial compartment. A 11/6/13 left knee MRI revealed a previous ACL reconstruction and tricompartmental degenerative changes, worse medially, and an oblique tear of the posterior horn of the lateral meniscus. Diagnostic impression: left knee osteoarthritis. Treatment to date: physical therapy, ibuprofen. A UR decision on 6/25/14 denied the request for left knee arthroscopy with lateral meniscectomy because the patient's symptoms and signs are related to underlying degenerative arthritis as opposed to an isolated meniscal tear, and the guidelines do not support knee arthroscopy for the treatment of knee arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy with Lateral Meniscectomy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter-- Arthroscopic surgery in osteoarthritis

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not address this issue. A review of the imaging findings reveals that the patient's lateral meniscus tear is degenerative in nature and is associated with underlying degenerative arthritis. However, ODG does not recommend arthroscopic surgery in arthritic knees. The patient's current symptoms and signs are almost certainly related to osteoarthritis in the knee, and a partial meniscectomy is unlikely to have any benefit in this setting. In addition, there is very limited documentation of prior conservative treatment methods that are specific to treating the left knee condition. There is no mention of any previous cortisone or viscosupplementation injections. At this point, the medical necessity has not been established for the proposed procedure. Therefore, the request for left knee arthroscopy with lateral meniscectomy is not medically necessary.