

<b>Case Number:</b>	CM14-0118324		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 40-year-old male gardener sustained an industrial injury on 7/31/13. Injury occurred using a shovel and pick ax during his entire work shift to remove tree roots. The 1/15/14 lumbosacral x-rays showed no soft tissue, vertebral body, or disc space abnormalities. There was no evidence of fracture or dislocation. The intervertebral foramen showed no encroachment. The 1/15/14 bilateral knee x-rays showed no fracture, dislocation, subluxations, foreign bodies, or effusions. The 2/27/14 right knee magnetic resonance imaging (MRI) impression documented diffuse degenerative tearing of the anterior horn and extensive oblique tear of the lateral meniscus. There was a grade 1 medial collateral ligament sprain. A shallow trochlear groove with moderate lateral patellar subluxation and mild lateral patellar tilt was present. Mild chondromalacia was visualized in the patellofemoral joint and lateral compartment. There was a moderate to large amount of joint effusion and mild synovitis in the suprapatellar pouch. The 2/27/14 left knee MRI impression documented diffuse degenerative tearing of the anterior half of the lateral meniscus, grade 1 medial collateral ligament sprain, and small amount of joint effusion. The 5/7/14 treating physician report cited persistent low back and bilateral knee pain. Lumbar exam documented paraspinal muscle spasms, tenderness to palpation, and painful range of motion. Bilateral knee exam documented range of motion 0-125 degrees, crepitus during range of motion, medial joint line tenderness, and positive McMurray's. The diagnosis was lumbar strain with lumbar spondylosis, rule-out lumbar radiculopathy and bilateral knee lateral meniscus tears. The patient was working without restrictions. MRI of the lumbar spine was requested to rule-out disc herniation. Bilateral staged arthroscopies with lateral meniscectomies were requested. The patient was to continue home exercise program. The 6/11/14 progress report cited improvement since his last visit. He had grade 6/10 low back and grade 4/10 bilateral knee pain. Lumbar exam documented paraspinal muscle spasms, guarded movements, and painful forward flexion.

Bilateral knee exam documented anterior and medial tenderness with positive McMurray's. Authorization was requested for bilateral knee arthroscopy, intra-articular surgery and lateral meniscectomy, and lumbar spine MRI. The patient was continuing to work full duty. The 6/24/14 utilization review denied the knee surgery as there was no imaging documentation available. The request for lumbar MRI was denied with no stated rationale.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral Knee Arthroscopy, Intra-Articular Surgeries and Lateral Meniscectomies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Medical Treatment Utilization Schedule (MTUS) guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear; symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on magnetic resonance imaging (MRI). The Official Disability Guidelines (ODG) provide specific criteria for meniscectomy or meniscus repair that 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 not been met. There is no current documentation of mechanical meniscal symptoms. 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.

**MRI of the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 920 303-304; 50.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant low back imaging in patients who do not respond to treatment and who would consider surgery an option. Indiscriminate imaging carries the risk of diagnostic confusion. Guideline criteria have not been met. There are no clinical exam findings suggestive of neural compromise to support the medical necessity of imaging for this patient. The patient has

improved with treatment and returned to work without restriction. Therefore, this request is not medically necessary.