

<b>Case Number:</b>	CM14-0125846		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Texas. 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 injured worker is a 59-year-old female who reported an injury on 11/22/2012. The mechanism of injury was noted to be cumulative trauma. She is diagnosed with chronic right knee pain. Her past treatments were noted to include physical therapy, medications, and topical analgesics. An MRI of the right knee was performed on 04/24/2013 and revealed a focal medial meniscal tear, mild edema in the Hoffa fat pad, and focal full thickness cartilage loss over the far posterior aspect of the lateral femoral condyle. On 07/28/2014, the injured worker presented with complaints of right knee pain. The physical examination of the right knee revealed tenderness to palpation. Her medications were noted to include Omeprazole, Tylenol, and Methoderm gel. The treatment plan included right knee surgery. A clear rationale for the surgery was not provided and details regarding the recommended surgical procedure were also not provided. The Request for Authorization form was submitted on 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee surgery (unspecified) qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, arthroscopic meniscectomy may be recommended when patients have symptoms other than simple pains such as locking, popping, giving way, or recurrent effusion; when there are clear signs of a tear on physical examination with tenderness over the suspected tear but not over the entire joint line, and lack of full passive flexion; and there is evidence of a meniscal tear on MRI. The Guidelines also state that there should be failure of at least 1 month activity limitation and exercise programs. The clinical information submitted for review indicated that the injured worker had failed physical therapy. It was also noted that the injured worker had a meniscal tear on MRI. She was noted to have tenderness in an unspecified area of the right knee and right knee pain. However, the documentation did not indicate that the injured worker had symptoms to include locking, popping, giving way, or recurrent effusion. In addition, there were not clear signs of a meniscal tear on the physical examination. Therefore, the criteria for meniscectomy have not been met. In addition, the requested right knee surgery did not include specifics on the proposed surgical procedure. For the reasons noted above, the request is not medically necessary.