

<b>Case Number:</b>	CM14-0126797		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 55-year-old female who sustained a vocational injury to the bilateral knees on 05/18/10. The medical records provided for review include documentation of an MRI from 2007 that showed right knee Grade III medial and lateral meniscal tear with mild chondromalacia, left knee medial meniscal tear and osteoarthritis in 2011 previously treated by an outside orthopedic service, history of extensive conservative measures including injections, physical therapy to the bilateral knees. An updated MRI from 02/21/14 showed joint track compartment osteoarthritis with no meniscus injury and the report of a left knee MRI from 04/09/14 showed degenerative changes and patchy signal intensity within the medial and lateral menisci. The office note dated 07/15/14 indicates that the claimant's left knee continued to be very symptomatic and that she did not wish to have any injections because the physical therapy had not been beneficial for her and requested to proceed with operative management. On exam, she had a 1+ effusion of the bilateral knees and extreme tenderness to the medial compartment, positive McMurray's, positive patellofemoral crepitation, positive grind test and range of motion of 0 to 125 degrees which was limited to leg size. This request is for left knee diagnostic/operative arthroscopic meniscectomy versus repair with possible debridement/chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Diagnostic/Operative Arthroscopic Meniscectomy vs. Repair Possible Debridement And Or Chondroplasty: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS: American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 13, Knee Complaints, pages 343-34;5 and on the Non-MTUS: Official Disability Guidelines (ODG); Knee and Leg chapter: Diagnostic arthroscopy.

**Decision rationale:** The California ACOEM Guidelines supported by the Official Disability Guidelines do not recommend the request for Left Knee Diagnostic/Operative Arthroscopic Meniscectomy vs. Repair Possible Debridement And Or Chondroplasty. The ACOEM Guidelines suggest that there should be abnormal physical exam, objective findings and consistent findings on MRI correlating with meniscal pathology prior to considering and recommending surgery for meniscus pathology. The Official Disability Guidelines does not recommend arthroscopic surgery for a diagnosis in the setting of significant osteoarthritis. Orthopedic literature identifies that the severity of the osteoarthritic changes noted on exam, x-rays and diagnostic studies influences the clinical outcome of both the short and long term of arthroscopic debridement of an osteoarthritic knee. The more significant and severe the arthritis the more likely the prognosis will be poor both in the short and long term. Currently documentation presented for review fails to establish that there is clear meniscal pathology on both physical exam as well as diagnostic studies. The request also indicates that chondroplasty would like to be performed. Official Disability Guidelines note that prior to considering chondroplasty in the arthroscopic setting of a knee, there should be diagnostic imaging clearly defining that there are chondral pathology in the knee which may be amenable to surgical intervention which does not appear to be the situation in this case based on the documentation presented for review. The documentation suggests the claimant wanted to hold off on injection therapy because formal physical therapy was failing to provide her any significant, meaningful relief. However, in this case, it would seem quite reasonable to proceed with a diagnostic/therapeutic intraarticular injection and also consideration of viscosupplementation prior to considering and recommending any further surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS and Official Disability Guidelines the request for the left knee diagnostic/operative arthroscopic meniscectomy versus repair and possibly debridement and/or chondroplasty cannot be considered medically necessary. It also should be noted that meniscal repair is not indicated in individuals older than 35 which is the case in this situation. Such as, Left Knee Diagnostic/Operative Arthroscopic Meniscectomy vs. Repair Possible Debridement And Or Chondroplasty is not medically necessary.

**Post Operative Pt 12 Sessions:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Medical Clearance (CBC, CMP, PT/PTT, Hep Panel, HIV Panel, U/A, EKG, Chest X-Ray, Knee Brace:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Knee Brace:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Assistant Surgeon:** Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.