

<b>Case Number:</b>	CM14-0130983		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 53-year-old male sustained an industrial injury on 10/10/13. Injury occurred during a pivot maneuver when he felt and heard a pop with immediate medial joint line tenderness. The 6/26/14 left knee x-ray impression documented a degenerative marginal osteophyte off the medial tibial plateau articular surface. There was degenerative osteosclerosis of the medial femoral and tibial articular surfaces with compartment joint space narrowing. The 7/8/14 initial treating physician report cited grade 6-7/10 left knee pain with episodic sharp stabbing medially and swelling. The patient felt a catch and give way. He also reported right knee pain and grinding due to favoring that leg. Physical exam documented mild genu varus left more than right, and gait with minimal antalgia. There was full range of motion with medial joint line tenderness and positive McMurray's test. There was no ligamentous instability or effusion. There was positive patellofemoral grinding and crepitus. A left knee MRI showed mild bilateral knee patellofemoral incongruence as well as mild genu varus. The diagnosis was left knee medial meniscus tear. A left knee arthroscopy with medial meniscectomy and chondroplasty, intraoperative narcotics and anesthetics, and PA-C assistant was requested. The patient had undergone over 25 visits of acupuncture with little benefit other than some temporary relief. Bracing, medications and creams were provided. A TENS unit was provided, without benefit. The 7/7/14 utilization review denied the left knee surgery and associated requests as there was no objective radiologist interpretation of imaging or evidence of failure of full guideline-recommended conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotics and Anesthetics:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PA-C Assist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Low Back, Surgical Assistant

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Left knee arthroscopy with medial meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Knee & Leg, Meniscectomy

**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 MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy 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. Criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not

been met. There is not an official MRI report documenting a meniscal tear available for review. Evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial, including guideline-recommended exercise/physical therapy, and failure has not been submitted. Therefore, this request is not medically necessary.