

<b>Case Number:</b>	CM14-0131692		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 61 year old male with a 4/9/09 date of injury. He was involved in a firefighting drill at a station resulting in injuries to both knees. On 7/8/13, the patient stated he had a flare-up of his symptoms. His knee has been swelling intermittently. His provider is considering a Synvisc injection. Objective exam of the right knee showed a healed surgical scar, tenderness to palpation to the medial and lateral joint lines, slight joint effusion. Negative drawer test and McMurrays test. On 6/5/14, the patient complained of right knee pain. Objective exam showed - 2 to 124 degrees of ROM at the right knee, and a positive McMurray's test. The plan of care includes a MRI arthrogram of the right knee. An AME dated 11/1/13 indicates the patient has had 4 prior surgeries to his knees and arthroplasty has been discussed with the patient. Additional arthroscopic surgery was not recommended. The MRI of the right knee dated 6/20/14 shows likely acute complex tear of the lateral meniscus, and s/p partial meniscectomy of the medial meniscus without evidence of recurrent or residual tear. There is high-grade chondromalacia affecting both the medial and lateral femorotibial compartments and dehisced Baker's cyst. Diagnostic Impression: Right knee lateral meniscus tear, s/p surgery on 1/30/12 for right knee meniscectomy. Treatment to date: s/p right knee meniscectomy 1/30/12, medication management, activity modification. A UR decision dated 7/23/14 was not medically necessary for a request for arthroscopy, because the patient complained of right knee pain with range of motion (ROM) deficits. There is no documentation of conservative treatments including an injection. The pre-operative medical clearance and post-operative physical therapy was not medically necessary, because the surgery was also not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery operative arthroscopy, partial medial and lateral meniscectomy, for the right knee; Qty# 1: 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 Chapter: Arthroscopic surgery in osteoarthritis.

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. However, there is no documentation of any functional limitations that the patient has other than pain. There is no description of popping, locking, giving way, or recurrent effusion. The MRI of the right knee shows a tear of the lateral meniscus, but no evidence of a recurrent tear to the medial meniscus. There is no documentation of recent conservative management focused on the right knee, including cortisone injections. In fact, it is documented in the note on 7/8/13 that the provider is considering Synvisc injections, but it is unclear if the patient actually received these injections, and if he did, what his functional response was. An AME dated 11/1/13 indicated that the patient may possibly be a candidate for arthroplasty, but there was no discussion of need for future arthroscopic surgeries, in light of the fact that the patient has already had 4 prior arthroscopic surgeries to his knees. He last had surgery to his right knee for an arthroscopic medial meniscectomy in 2012. There is no discussion of how the patient tolerated this surgery, and if he had any improvement of his symptoms from this surgery. The guidelines indicate that arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. Therefore, the request for Surgery operative arthroscopy, partial medial and lateral meniscectomy, for the right knee, Qty #1 was not medically necessary.

**Medical Clearance pre-operative, Qty#1: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Physical Therapy post-op 2x week/ 4 weeks, Qty# 8: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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