

<b>Case Number:</b>	CM14-0170324		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 76 year-old female with an 8/14/12 date of injury. The patient was most recently seen on 9/11/14 with complaints of increased symptoms in the right knee since the last visit. In a treatment note dated 11/19/13, it was noted that the patient was experiencing intermittent locking episodes. An MRI of the right knee on 11/25/13 reportedly showed a posterior horn tear of the medial meniscus, as well as mild medial and lateral arthritis. Exam findings revealed patellofemoral crepitus and medial joint line tenderness. No orthopedic tests of the knee were documented. The patient's diagnoses included: 1) Fracture, patella. 2) Internal derangement, knee. Significant Diagnostic Tests: MRI and X-rays. Treatment to date: physical therapy, knee surgery x 2. An adverse determination was received on 9/23/14 due to inadequate documentation of mechanical locking or other physical findings consistent with a meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with Partial Medial Menisectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgery Guidelines, ODG Criteria for Menisectomy or Meniscus Repair

**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:** CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. The ODG Indications for Surgery Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT (physical therapy). 1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical Therapy supervised PT and/or home rehabilitation exercises, if compliance is adequate and Medication or activity modification (e.g., crutches and/or immobilizer) plus 2. Subjective Clinical Findings (at least two): Joint pain or swelling, feeling of giving way or locking, clicking, or popping plus 3. Objective Clinical Findings (at least two): Positive McMurray's sign or joint line tenderness, effusion or limited range of motion or locking, clicking, popping or crepitus plus 4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003) For average hospital LOS if criteria are met, see Hospital length of stay (LOS). This patient has been treated for chronic knee pain following an injury 2 years ago. She underwent an initial knee surgery for repair of a patellar fracture, followed by a second surgery for removal of hardware. Pain has continued, and she has complained of intermittent episodes of locking. An MRI from 2013 reportedly showed a posterior horn tear of the medial meniscus, as well as osteoarthritic changes. Exam notes from multiple dates of service consistently reported patellofemoral crepitus and medial joint line tenderness. No orthopedic exams have been documented, that might demonstrate recurrent effusion, restricted range of motion, or positive McMurray's test. The patient clearly had MRI findings of a torn medial meniscus, and also reported 2 clinical symptoms (joint pain and locking) suggestive of a medial meniscus tear. However, only 1 clinical sign (medial joint line tenderness) was recorded that was consistent with this diagnosis. Moreover, no mention was made of the extent or duration of conservative care, or whether measures such as bracing had been attempted. Since this patient is 76 years old and has evidence of arthritis on MRI, additional objective mechanical signs must be present to confirm that the meniscal tear is, in fact, the cause of the patient's ongoing pain and disability. ODG guidelines do not recommend arthroscopic surgery in arthritic knees. Therefore, the request for Right Knee Arthroscopy with Partial Medial Meniscectomy is not medically necessary.