

<b>Case Number:</b>	CM14-0171348		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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:

According to the records made available for review, this is a 60-year-old female with a 5/20/04 date of injury. At the time (9/23/14) of request for authorization for Outpatient right knee meniscectomy, debridement and lateral release, there is documentation of subjective (right knee medial joint line pain radiating to the sub-patellar region with mild swelling) and objective (right knee medial and lateral joint line tenderness, positive McMurray's test of the right knee, decreased right knee range of motion, and mild patellar instability with patellofemoral crepitation) findings, imaging findings (Reported MRI of the right knee (9/12/13) revealed complex tear of the medial meniscus with extrusion of the meniscus and resultant grade III to IV chondromalacia of the medial compartment; areas of full-thickness cartilage fissuring with subchondral marrow signal abnormality; high signal intensity noted in the anterior cruciate ligament, consistent with low-grade sprain; low grade partial thickness tear of the tendon of the medial head of the gastrocnemius; and full-thickness cartilage loss of the apex of the patella; report not available for review), current diagnoses (right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation), and treatment to date (knee brace, activity modification, and NSAIDs). There is no documentation of an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right knee meniscectomy, debridement and lateral release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, Chronic Pain Treatment Guidelines Page(s): 67, 72, 77-78, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg--Meniscectomy, lateral retinacular release

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (physical therapy or medication or activity modification), at least two symptoms (joint pain or swelling or feeling of give way or locking, clicking, or popping), at least two findings (positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking, clicking, or popping or crepitus), and imaging findings (meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation. In addition, there is documentation of conservative care (Medication and Activity modification), at least two symptoms (Joint pain and Swelling), at least two findings (positive McMurray's sign, joint line tenderness, limited range of motion, and crepitus). However, despite documentation of 5/5/14 medical report's reported imaging findings (MRI of the right knee identifying complex tear of the medial meniscus with extrusion of the meniscus and resultant grade III to IV chondromalacia of the medial compartment), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Outpatient right knee meniscectomy, debridement and lateral release is not medically necessary.