

<b>Case Number:</b>	CM14-0174902		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Minnesota. 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:

The injured worker is a 61 year old female with right knee pain related to an injury of 7/15/2014. There is a history of prior arthroscopy with partial medial meniscectomy of the same knee. There is documentation of knee pain, swelling, loss of motion, intermittent buckling and a popping sensation. An MRI scan of 8/28/2014 revealed an oblique tear of the remaining posterior horn of the medial meniscus communicating with the inferior surface of the meniscus. Chondromalacia of the medial femoral condyle of mild degree was also noted. A small effusion was present. Exam on 10/03/2014 revealed a normal gait. There was mild atrophy of vastus medialis obliquus, 4+/5 quad strength, medial joint line tenderness and positive McMurray. No instability was documented. The worker has not received physical therapy or corticosteroid injections. The disputed issue pertains to a request for arthroscopy of the right knee with partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Right Knee Arthroscopy with Partial Medial Meniscectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 ,344 ,345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Meniscectomy.

**Decision rationale:** The documentation does not indicate a trial of conservative treatment with physical therapy and/or a cortisone injection into the knee. The presence of chondromalacia and the description of the tear as being non-displaced and communicating only with the inferior surface indicates a degenerative tear which may not benefit from meniscectomy. If there is no improvement with physical therapy, NSAIDs, and a corticosteroid injection, surgical considerations may be necessary. However, arthroscopic partial meniscectomy in the presence of degenerative changes does not have a good prognosis. The worker is overweight with a BMI of 30.7. MTUS guidelines indicate an exercise program before surgical considerations. Many patients can have satisfactory results with physical rehabilitation without the surgical risk. Failure of exercise programs to increase range of motion and strength may be an indication for surgery. In light of the above, the request for arthroscopy of the right knee with partial medial meniscectomy is not medically necessary.

**(8) Post-Operative Physical Therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343,344,345.

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