

<b>Case Number:</b>	CM14-0021412		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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:

The patient is a 51 year old claimant with complaint of knee pain with stiffness. Exam note 1/22/14 demonstrates chief complaint of right knee pain with stiffness and limited mobility and activity tolerance. Examination of the right knee demonstrates tenderness over the medial joint line of the knee with crepitus. Right knee MRI 12/17/12 demonstrates posterior horn medial meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT KNEE SCOPE MENISCECTOMY (VERSUS REPAIR): 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): 1021-1022.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines arthroscopic meniscectomy is recommended for repair for severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent with meniscus tear. In this case, the exam note from 1/22/14 does not demonstrate failed conservative management or functional deficits to

satisfy the guidelines. Therefore, the request for a right knee scope meniscetomy (vesus repair) is not medically necessary and appropraite.