

<b>Case Number:</b>	CM14-0025331		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

Claimant with industrial injury reported as 5/12/10. Report of left knee pain is noted in the records. Exam note 1/13/14 demonstrates left knee pain rated as 8 out of 10. Objective findings demonstrate medial McMurray's positive with 4/5 quadriceps strength. Range of motion is documented as 0-130 degrees. Recommendation for home based exercise program to improve strength, range of motion and decrease pain. MRI left knee 8/20/11 demonstrates report of flap tear of the posterior horn of the medial meniscus and evidence of subchondral cysts and subchondral marrow edema in the anterior medial femoral condyle with chondral fissuring noted in the posterior aspect of the lateral femoral condyle and patella.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy with possible Medial Compartment Repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official ODG. Knee and Leg Chapter, Arthroscopic Surgery For Osteoarthritis.

**Decision rationale:** The California MTUS/ACOEM Chapter 13, Knee Complaints, pg. 344-345, states regarding meniscus tears, 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. In this case the MRI from 8/20/11 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines states that, Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to the ODG , Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, not medically necessary. 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. The request is not medically necessary at this time.