

<b>Case Number:</b>	CM14-0026478		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic 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 49-year-old male pressman helper sustained an industrial injury on 4/1/11. Injury occurred when a large cylinder fell, striking his left knee. The 9/25/12 left knee MRI documented joint fluid and a grade 3 medial meniscus tear. The 1/13/14 treating physician report exam findings documented left knee range of motion 0-100 degrees with pain and positive McMurray's. The 1/14/14 orthopedic consult report cited constant sharp left knee pain that radiates to the calf and ankle. There was numbness and tingling over the left knee. Pain increased with walking, standing, climbing, kneeling, and squatting. At worst, intensity was grade 9/10. Left knee exam findings documented no swelling or varus/valgus deformity. Gait was normal with no assistive devices. There was medial and lateral joint line tenderness, medial suprapatellar tenderness, and crepitus. McMurray's test was positive. There was decreased sensation in the left L4 and S1 dermatomal distribution. The diagnosis was internal derangement left knee. The patient had failed to respond to time, activity modification, and medication. A left knee arthroscopy was recommended. The patient was working full duty. The 1/14/14 left knee weight bearing X-ray impression documented small suprapatellar effusion and mild medial joint space narrowing. The 2/5/14 utilization review denied the request for left knee arthroscopy based on an absence of conservative treatment, including physical therapy and cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LEFT KNEE ARTHROSCOPY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

**Decision rationale:** The Official Disability Guidelines criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. Subjective and objective clinical exam findings are consistent with imaging findings of a grade 3 medial meniscus tear. Reasonable conservative treatment has been attempted and has failed to improve the symptoms. Functional difficulty is noted in weight bearing activities. Therefore, this request is medically necessary.