

<b>Case Number:</b>	CM14-0028111		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 40-year-old male who reported an injury on 10/15/2010 due to cumulative trauma while performing normal job duties. The injured worker underwent an MRI of the left knee on 10/26/2013 that documented there was a tear of the medial meniscus and mild medial compartment chondromalacia. The injured worker was evaluated on 11/20/2013. It was documented that the injured worker was complaining of bilateral knee pain with the left being worse than the right. Evaluation of the left knee documented a positive McMurray's sign with 4/5 motor strength and a significantly antalgic gait. The injured worker's diagnoses included cervical radiculopathy, thoracic sprain/strain, hand sprain/strain, right wrist tendinitis/bursitis, and knee sprain/strain. Based on the injured worker's continued symptoms corroborated by imaging findings that had failed to improve with medications, physical therapy, and corticosteroid injections, left knee arthroscopy with partial meniscectomy was recommended to reduce the pain and increase range of motion and functioning. A documented peer-to-peer discussion on 01/23/2014 noted that the injured worker had failed conservative treatment and continued to require surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY WITH PARTIAL MENISCECTOMY:** Overturned

**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): 343-345.

**Decision rationale:** The MTUS ACOEM guidelines, recommends meniscectomies when there are mechanical symptoms upon physical examination supported by an imaging study that have failed to respond to adequate conservative treatment. The clinical documentation does indicate that the injured worker has failed to respond to medications, physical therapy, and corticosteroid injections. It is noted that the injured worker has persistent clinical findings corroborated by an imaging study that evidences a meniscal deficiency. Therefore, surgical intervention would be indicated in this clinical situation. As such, the requested Left Knee Arthroscopy with Partial Meniscectomy is medically necessary.