

<b>Case Number:</b>	CM14-0032254		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 an employee of [REDACTED] and has admitted a claim for internal derangement of the left knee associated with an industrial injury date of April 29, 2013. The treatment to date has included opiate and non-opioid pain medications, arthroscopic meniscectomy left knee x2, steroid injection to the left knee, and home exercise program. A utilization review from February 12, 2014 denied the request for left knee arthroscopy surgery and medical clearance for lack of attempts at conservative care. The medical records from 2013 through 2014 were reviewed showing the patient complaining of left knee pain and discomfort described as clicking and popping with repetitive movements such as getting up from a seated position, walking, and kneeling and squatting. The patient has had two prior arthroscopic meniscectomies in the past for the left knee. Physical exam of the left knee demonstrated tenderness over the medial joint line with a positive McMurray's maneuver and effusion. There were no signs of any instability. Range of motion was relatively good. Neurovascular exam was also noted to be normal. An MRI from December 12, 2013 demonstrated a lateral meniscus tear of the posterior horn. The February 25, 2014 progress note added a request for 12 sessions of physical therapy for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROSCOPY SURGERY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy Other Medical Treatment Guideline or Medical Evidence: JBJS Vol. 88A, 5, May 2006 pages 936-943 notes that the severity of the osteoarthritic changes noted preoperatively, influences the clinical outcome of arthroscopic debridement of an osteoarthritic knee. Knees with severe arthritis fare poorly, whereas those with mild arthritis fare well. Note also: Arthroscopic debridement of meniscus tears and knee.

**Decision rationale:** California MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. In this case, the patient has pain and difficulty with repetitive everyday activities concerning the left knee. The patient has a complex history including two previous left knee arthroscopies. Current clinical presentation is consistent with a re-tear of lateral meniscal tear, with physical exam findings including effusion, positive McMurray's test, and lateral joint line tenderness. Imaging reports corroborate a lateral meniscus tear of the posterior horn. The patient has undergone attempts at cortisone injection, physical therapy, and activity modification, home exercise, and medication. Assessment of the overall case history should take into account the patient's surgical history including two previous left knee arthroscopies; the limited prospects of resolution of symptoms with further conservative care; and the patient's age. However, there remains no assessment of response to the course of Physical Therapy prescribed on 2/25/14. There is concern over the patient's co-morbid left knee osteoarthritis and the history of two previous arthroscopies. Previous operative reports were not made available, and it is unclear whether the patient had obtained symptomatic relief following the two prior surgeries. It should also be noted that ODG does not recommend arthroscopic surgery in arthritic knees; and this would be the third arthroscopy in what is described as an arthritic knee. Therefore, the request was not medically necessary.

**MEDICAL CLEARANCE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Given that the associated request for surgery has been deemed not medically necessary, the dependent request for medical clearance is also not medically necessary.