

<b>Case Number:</b>	CM14-0035967		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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:

The 49-year-old female sustained an industrial injury on 8/21/13, when she hit her right knee on a truck hitch. The right knee x-rays dated on 12/5/13 revealed a small knee effusion. The injured worker stood up at work on 12/26/13 and felt the knee pop. The injured worker was unable to walk and had immediate swelling. The right knee MRI dated on 1/20/14 documented a horizontal tear through the posterior horn and midbody of the medial meniscus and avulsion of the medial belly of the gastrocnemius from the distal femur. There was superficial infrapatellar bursitis. The treating physician progress report cited medial right knee pain and associated popping and clicking with movement. The injured worker felt the knee was unstable and had episodes of giving way. Valgus and varus stress and Lachman tests were 1/3 bilaterally. The posterolateral corner was 1/3 bilaterally at 30 and 90 degrees. McMurray's sign was normal. There was increased right leg girth, compared to the left. The treatment plan recommended right knee arthroscopy and medial meniscectomy, with post-operative physical therapy 2 times a week for 4 weeks. The medial meniscus tear was considered chronic and degenerative in nature with limited evidence of failed conservative treatment. Meniscal exam findings were not positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy and medial meniscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Knee and Leg Procedure Summary.

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

**Decision rationale:** The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend meniscectomy for symptomatic tears for younger patients and for traumatic tears. Guidelines state that physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without physical therapy. Subjective and objective clinical exam findings that correspond to meniscal tear on imaging are required. This injured worker had a traumatic knee injury with mechanical symptoms of popping, clicking, and giving way. Reasonable conservative treatment has been provided. MRI findings evidenced a medial meniscus tear. Therefore, this request for right knee arthroscopy and medial meniscectomy is medically necessary.

**Physical Therapy 2x4 postoperatively:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. The guideline criteria have been met. This is the initial request for post-operative PT and generally consistent with guideline recommendations. Therefore, this request for physical therapy 2 times a week for 4 weeks post-operatively is medically necessary.