

<b>Case Number:</b>	CM14-0037700		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/12/2006
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 claimant is a 43-year-old gentleman who was injured on 08/12/06 with records indicating an injury to the right knee. There is documentation of prior surgical process in the form of arthroscopy in 2008 for which the claimant was noted to be doing well until recently. Progress report of 02/28/14 indicates continued complaints of pain about the right knee with swelling and give away weakness. He denies recent history of injury or trauma. Symptoms have been progressing. Physical examination findings on that date showed positive McMurray's testing with 0 to 120 degrees range of motion, no instability, and a Lachman examination with a solid endpoint. Recent MRI report of 02/12/14 showed a sprain to the ACL with osteoarthritic change in the medial and lateral compartment, a joint effusion, and degenerative tearing to the posterior horn of the medial meniscus. Operative intervention was recommended in the form of a right knee arthroscopy with partial meniscectomy versus repair. There is no documentation of recent conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic surgery, synovectomy, partial meniscectomy versus meniscal repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for surgery- Chondroplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

**Decision rationale:** According to the Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, surgical intervention to include arthroscopy with meniscectomy versus repair would not be indicated. These guidelines also state 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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. This individual does not demonstrate a recent conservative care for his underlying knee complaints with MRI scan demonstrating no acute indication for role of meniscal repairing. Without documentation of recent conservative measures, the acute need of a right knee arthroscopy and meniscal surgery would not be indicated in this gentleman. Therefore, the request for right knee arthroscopic surgery, synovectomy, partial meniscectomy versus meniscal repair is not medically necessary or appropriate.

**Pre-operative consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery- Chondroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.