

<b>Case Number:</b>	CM14-0039616		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

This 57-year-old female sustained an industrial injury on 12/31/12 relative to a trip and fall. Records indicated that treatment had included 14 sessions of physical therapy. The patient continued to work full duty. The 1/22/14 orthopedic report cited right knee pain with buckling and giving way. Right knee exam documented full range of motion with normal patella tracking. There was lateral joint line tenderness, no medial joint line tenderness, negative McMurray's, and positive patellofemoral grind test. There was no instability. The 1/31/14 right knee MRI documented a 3.4 cm paraspinal meniscal cyst associated with the posterior horn of the medial meniscus and reflective of underlying meniscal tearing. The 2/21/14 treating physician progress report indicated the MRI was positive for a meniscal cyst and tear. A right knee arthroscopy with medial meniscectomy was requested. There was no medial joint line tenderness and imaging studies did not indicate the presence of a definitive surgical lesion. The 4/8/14 QME exam documented persistent right knee pain with locking and giving way. Functional difficulty was noted in kneeling, stairs, crossing her legs on the right, walk hills, or exercise. She was able to work with pain. Right knee physical exam documented minimal effusion, medial joint line tenderness, no instability, negative McMurray's, normal muscle strength and tone, and marked patellofemoral crepitus, grinding and pain with compression. She ambulated with a normal gait. Right knee motion was 0-130 degrees. The diagnosis included right knee pain with osteoarthritis lateral facet of the patella and medial semi-membranous bursitis. The need for knee surgery was not appreciated at this time. A patellofemoral arthroplasty may be required in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Right knee Arthroscopy with Medial Meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 online-Treatment of Knee Complaints, Criteria for meniscectomy or meniscus repair. ACOEM Plus Guidelines Treatment of knee conditions-meniscus tears.

**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 California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines (ODG) 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 an MRI. Guideline criteria have not been met. There is no clear imaging evidence of a meniscal tear documented on the 1/31/14 MRI. Current exam noted marked patellofemoral compartment symptoms and limited evidence for meniscal involvement with negative McMurray's. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for right knee arthroscopy with medial meniscectomy is not medically necessary.