

<b>Case Number:</b>	CM14-0041482		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 a 52-year-old male driver sustained an industrial injury on 9/27/12. The mechanism of injury is not documented. The patient underwent left knee arthroscopy with partial medial and lateral meniscectomy and trochlea chondroplasty on 2/12/13. The 7/10/13 left knee MRI demonstrated chondromalacia in the patellofemoral and medial compartment. The 2/3/14 second opinion report cited sharp, stabbing constant left knee pain, worse with activity. The left knee exam findings documented normal gait, no varus/valgus deformity, medial joint line tenderness, normal range of motion and strength, and mildly positive McMurray sign. The treatment plan recommended a diagnostic arthroscopy to assess whether the MRI findings could be the result of surgical changes or an actual tear. The 2/5/14 treating physician report indicated that the patient had completed a second opinion consultation. He continued to have frequent moderate diffuse knee pain. Physical exam findings documented height 6'1", weight 320 pounds, left knee range of motion 0-120 degrees, no effusion, medial joint line tenderness, and generalized irritability with range of motion. The treating physician indicated that there were some minor abnormalities noted on the MRI of the meniscus and chondromalacia in the medial compartment. Appropriate conservative treatment, including viscosupplementation and unloader brace, had been provided. The treating physician opined that the patient's considerable weight put extra stress on his knees and proper weight loss would help reduce his symptoms. The patient was deemed not a surgical candidate. The patient wished to proceed with a diagnostic arthroscopy, so it was recommended that care be transferred. The 3/11/14 utilization review denied the request for left knee arthroscopy as there was no documentation that conservative treatment had been exhausted. Findings were limited to pain, medial joint line tenderness, and a mildly positive McMurray sign. Imaging findings were reported limited to chondromalacia in the patellofemoral and medial compartments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**L Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Diagnostic arthroscopy, Knee Chapter.

**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, Diagnostic arthroscopy, Meniscectomy.

**Decision rationale:** The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. 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 MRI. Guideline criteria have not been met. The patient presents with diffuse knee pain and is obese (body mass index 42.2). MRI findings showed minor abnormalities of the meniscus and very mild chondral thinning of the medial compartment. The patient does not meet guideline criteria for meniscectomy based on his clinical presentation. There are findings of medial joint line tenderness and mildly positive McMurray's sign. There are no mechanical symptoms (locking, popping, giving way), recurrent effusion, or instability. Weight loss has been recommended to address the knee pain. There is no evidence of recent physical therapy or a home exercise program, despite Supartz injections and unloader brace having been provided. The clinical indications are not met. Therefore, this request for left knee arthroscopy is not medically necessary.

