

<b>Case Number:</b>	CM14-0042004		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

This 51-year-old female P.E. teacher sustained an industrial injury on 1/28/14, while pushing a cart across the blacktop, she fell into a hole. Conservative treatment included anti-inflammatory medication, knee brace, activity modification, physical therapy and home exercise. The 3/15/14 left knee magnetic resonance imaging (MRI) impression documented moderate-sized knee joint effusion, horizontal flap medial meniscus tear with displaced meniscal fragment deep to the medial collateral ligament. The 3/27/14 treating physician progress report cited constant mild to moderate left knee pain unimproved with conservative treatment. Difficulty was reported with walking, kneeling, squatting, and prolonged standing. There were intermittent cracking, popping, and giving way sensations of the knee. Left knee exam documented limited flexion and extension with pain, medial joint swelling, 2+ tenderness medial collateral ligament, positive medial joint line tenderness, positive McMurray test, and positive valgus stress test. The treatment plan recommended left knee arthroscopy with partial medial meniscectomy. The 4/2/14 utilization review denied the requested knee surgery as there was good evidence that non-surgical treatment results in similar functional outcomes. It was medically appropriate to attempt a trial of conservative treatment prior to surgical treatment. The 6/23/14 patient appeal letter indicated that she progressively worsened to the point where she could barely walk. She underwent surgery on 6/4/14 and was recovering well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy knee surgical; with meniscectomy (medial and lateral; including any meniscal shaving).:** Overturned

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

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

**Decision rationale:** The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines 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 been met. Subjective and objective clinical exam findings have been documented consistent with imaging findings of a meniscal tear. There is documentation that guideline-recommended conservative non-operative treatment had been tried and failed. Therefore, this request for knee arthroscopy with meniscectomy (medial and lateral; including any meniscal shaving) is medically necessary.