

<b>Case Number:</b>	CM14-0045523		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 46-year-old male pizza delivery driver sustained an industrial injury on May 3, 2011 in a motor vehicle accident. He underwent left medial meniscal repair on August 30, 2011. The August 23, 2013 left knee MRI impression documented joint effusion, degenerative change of the posterior horn of the medial meniscus, medial meniscus tear of the anterior horn, and lateral meniscus tears of the anterior and posterior horns. The September 23, 2013 right knee MRI findings showed positive muscle sprain, degenerative changes and mild chondromalacia patella. The February 28, 2014 treating physician progress report documented a fall down stairs two days prior. His right knee gave out and he fell with the right leg backward. Physical exam documented the patient walking fairly well with some right knee tenderness and now swelling. There was no instability. There was no pain with meniscal maneuvers. Quad strength was pretty good. The treating physician opined he sprained the right knee. The March 26, 2014 utilization review modified the request for bilateral knee arthroscopy and certified left knee arthroscopy with medial and lateral meniscectomy and chondroplasty. The provided documentation did not support the medical necessity of surgery for the right knee. The April 9, 2014 treating physician progress report cited persistent bilateral knee pain, worse on the right. No objective findings were documented. The patient was awaiting authorization for bilateral knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee scope with medial and lateral meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Chondroplasty.

**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, Chondroplasty, Meniscectomy.

**Decision rationale:** The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines (ODG) recommend meniscectomy for symptomatic tears for younger patients and for traumatic tears. Surgical indications include completion of supervised physical therapy and home exercise and medications or activity modification. Subjective and objective clinical exam findings that correspond to meniscal tear on imaging are required. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have not been met for the requested bilateral medial and lateral meniscectomy and chondroplasty. The March 26, 2014 utilization review partially certified the request for bilateral arthroscopic medial and lateral meniscectomy and chondroplasty, limited to the left knee. There is no significant right knee clinical exam evidence of a meniscal tear. The right knee MRI showed degenerative changes and mild chondromalacia patella. There was no imaging evidence of a meniscal tear documented. The request for bilateral knee scope with medial and lateral meniscectomy and chondroplasty is not medically necessary or appropriate.