

<b>Case Number:</b>	CM14-0047230		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 61-year-old female who sustained injuries to both knee as a result of repetitive use on 10/02/12. The report of plain film radiographs of the knees showed a weight bearing view of the left knee had significant medial bone on bone change with progressive degenerative arthritis. The report of the MRI of the left knee dated 09/10/13 demonstrated lateral meniscal pathology with advanced underlying arthrosis of the patellofemoral and medial compartments. The 02/25/14 progress report documents that the claimant has failed conservative care in regard to her left knee and continues to have pain. The progress report also documented that the claimant was status post right knee arthroscopy with partial medial and lateral meniscectomy. Based on the claimant's continued complaints of pain, a left knee arthroscopy with partial medial meniscectomy was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with partial medial meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** California MTUS ACOEM Guidelines do not support the request for left knee arthroscopy with partial medial meniscectomy as medically necessary. The medical records document that the claimant has advanced, nearly end staged, arthrosis of the left knee. The ACOEM Guidelines do not recommend the role of meniscectomy procedures in the setting of advanced degenerative change it yields less than beneficial outcomes in individuals demonstrating signs and symptoms consistent with degenerative arthritis. Given the claimant's underlying arthritic picture, the use of a knee arthroscopy and meniscectomy to the left knee is not medically necessary.