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| <b>Case Number:</b>   | CM14-0047490 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 03/12/2014 |
| <b>Decision Date:</b> | 08/21/2014   | <b>UR Denial Date:</b>       | 04/03/2014 |
| <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:

This 64-year-old male studio prop maker sustained an industrial injury on 3/12/14. Injury occurred when he twisted and felt a pop in his right knee with immediate pain and swelling. The 3/19/14 right knee MRI impression documented a meniscal root tear involving the posterior horn of the medial meniscus extending to both the superior and inferior articular surfaces with mild peripheral displacement of the body of the medial meniscus. Findings were suggestive of a soft tissue hematoma. There were tri-compartmental degenerative bone and joint changes. The 3/25/14 initial orthopedic report cited medial and lateral knee pain, swelling and instability, worse with pivoting. Initial conservative treatment included ibuprofen and 3 sessions of physical therapy with improvement. Right knee physical exam documented medial joint line tenderness, negative meniscal tests, no effusion, and active range of motion 0-110 degrees. Lower extremity strength was normal. The treatment plan recommended over-the-counter anti-inflammatories, ice as needed, and knee brace. Follow-up was planned for 3 weeks for surgical scheduling. A right knee arthroscopic synovectomy, chondroplasty, and medial or lateral meniscectomy or meniscal repair was requested. The 4/3/14 utilization review denied the request for left knee arthroscopic medial or lateral meniscectomy, debridement, and synovectomy as premature. There was no documentation that the patient had failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee arthroscopy/surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The California MTUS state that surgical referral may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. There is no detailed documentation that guideline-recommended conservative treatment had been tried and failed. There is no documentation of persistent mechanical symptoms or positive meniscal signs on physical exam. Therefore, this request for knee arthroscopy/surgery is not medically necessary.