

<b>Case Number:</b>	CM14-0048306		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 64 year old female with an industrial injury dated 10/17/11. Exam note 11/20/13 states the patient returns with shoulder pain. In the physical exam there was evidence of multifocal high grade bursal and articular surface partial thickness tearing of the anterior fibers of the supraspinatus at the level of the footprint with some possible micro-foci of full thickness extension. It is noted that the rotator cuff tendons are however intact, and there is no evidence of a rotator cuff or deltoid muscle atrophy. Exam note 03/31/14 states the patient returns with left knee pain. X-rays demonstrate a mild to moderate degenerative joint disease. The MRI demonstrates a medial meniscus tear, lateral meniscus tear, and also a medial collateral ligament strain. Upon physical exam the patient was able to complete a full range of motion. Exam note 04/16/14 states the patient returns with left knee pain and was recommended to have a cortisone injection to the knee in which she declined. Current medications include Naproxen. Physical exam demonstrates there was tenderness along the medial joint line and the patient had a limited range in motion and flexion was painful. The McMurray's test was positive for the left and the patient had a 5/5 motor strength in the bilateral lower limbs. The patient has been informed on the risks of an arthroscopic surgery since she does have mild osteoarthritis, but she wishes to proceed. Treatment includes a continuation of the use of a knee brace and cane, along with a left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy

**Decision rationale:** MTUS Guidelines state that an arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Guidelines indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 4/16/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.