

<b>Case Number:</b>	CM14-0049340		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Pennsylvania. 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 23-year-old who injured the bilateral knees, ankle, and low back in a work related accident on 05/29/13. Medical records specific to the gentleman's right knee, include a report of an MRI dated 01/23/14 showing an increased signal change in the anterior horn of the lateral meniscus. A 02/28/14 follow up report notes continued complaints of right knee pain with examination showing 0-110 degrees range of motion, no evidence of instability, negative McMurray's testing but positive straight leg raising reproducing low back complaints. Treating provider indicates the claimant's recent MRI scan demonstrated no indication of acute meniscal pathology. The recommendation was made for an MRI scan of the low back. Additional documentation revealed that the claimant was status post a right knee arthroscopy with lateral meniscectomy and extensive debridement on 10/07/13. This review is regarding the recommendation for repeat arthroscopy of the knee given the claimant's findings of a "signal change" to the meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Surgery-Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-45.

**Decision rationale:** Based on California ACOEM Guidelines, the request for right knee surgery cannot be recommended as medically necessary. The medical records document that the claimant is status post a prior October, 2013, lateral meniscectomy with postoperative MRI showing a signal change consistent with the previous surgical meniscectomy. There was no indication of acute meniscal findings. There was no documentation in the records of physical examination findings demonstrating mechanical symptoms to the claimant's knee. The role to repeat arthroscopic assessment to the claimant's knee given his current clinical presentation and lack of discernible imaging findings would not be supported.