

<b>Case Number:</b>	CM14-0057221		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopaedic 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 60-year-old female special education assistant sustained an industrial injury on 8/14/12. The mechanism of injury was not documented. The 1/8/14 right knee MRI impression documented increased signal in the posterior horn of the medial meniscus with visualization limited by motion. A small medial meniscus tear with associated parameniscal cyst could not be excluded. There was chondromalacia in all three femoral compartments, greatest in the patellofemoral compartment. There was small joint effusion and a popliteal cyst. The 2/4/14 treating physician report cited worsening right knee pain since she twisted it in December 2013. Pain was aggravated by prolonged sitting and walking and relieved with medications and ice. Right knee exam documented mild antalgia, diffuse mild swelling, medial and lateral joint line tenderness, diffuse overall pain, normal range of and strength, negative drawer and valgus/varus stress tests, positive McMurray's and patellar grind, and crepitus. The diagnosis was right knee osteoarthritis, contusion, pes anserinus bursitis, and degenerative medial meniscus tear. The treatment plan recommended a knee brace, heating pad/ice pack, and medication. Six visits of physical therapy were ordered. The patient was working modified duty. The 3/13/14 treating physician report indicated the patient had lower back pain radiating to the right lower extremity and right knee pain. She had completed a course of prednisone with no improvement. Right knee exam documented medial joint line pain and positive McMurray's. A right knee arthroscopy was recommended. The 4/9/14 utilization review denied the request for right knee arthroscopy as there was no conservative treatment noted, other than medication. The 4/16/14 right knee MRI revealed no evidence of meniscal, ligamentous, or tendon tear. There were mild degenerative changes of the knee involving the medial and patellofemoral compartments, but no acute bone injury. There was a 2 mm in diameter loose body within the joint space anteriorly. Findings were

suggestive of pes anserinus bursitis. The 5/15/14 PQME report recommended a corticosteroid injection to the right knee in the area of the pes anserine and an exercise program for the knees.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Knee Arthroscopy:** 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 Chapter: Diagnostic Arthroscopy, Indications for Surgery -- Diagnostic Arthroscopy.

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

**Decision rationale:** The California MTUS state that surgical consideration 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. 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, and recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no clear imaging evidence of a surgical lesion. There is no documentation of mechanical meniscal symptoms. Therefore, this request is not medically necessary.