

<b>Case Number:</b>	CM14-0057435		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/03/2014
<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 Tennessee. 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 injured worker is a 63 year old female who was injured September 3, 2012. While bending to clean the bathroom, her knee cracked and then cracked again getting up. She reported immediate pain and swelling. She then was seen through the occupational medicine and subsequently was seen for orthopedic treatment. The October 8, 2013, the clinic note by the treating physician concluded the injured worker had a musculoligamentous strain/sprain right knee with probable medial meniscal tear and medial compartment degenerative joint disease (DJD). The injured worker was noted to be a candidate for arthroscopy and probable unicompartmental replacement of the knee with possible total knee replacement depending on the magnetic resonance imaging (MRI) findings. The February 18, 2014 magnetic resonance imaging (MRI) of the right knee noted a full-thickness anterior cruciate ligament (ACL) tear, extensive degenerative changes and findings compatible with prior meniscectomy or extensive degenerative change and tearing. In follow-up, the treating physician noted the injured worker should have a total knee replacement available to treat the condition as arthroscopy and unicompartmental replacement would not be satisfactory. On 4/4/14, her current treating physicians recommend a consultation with a total knee specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy, Partial Medial Meniscectomy and Chondroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 12 Edition, (web) 2014, Knee and Leg - Menisectomy.

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

**Decision rationale:** The injured worker has significant degenerative disease of the knee for which arthroscopic surgery is not medically necessary. Neither the Official Disability Guidelines (ODG) nor the American College of Occupational and Environmental Medicine (ACOEM) recommends arthroscopic surgery for significant degenerative disease of the knee, therefore the right knee arthroscopy, partial medial meniscectomy, and chondroplasty is not medically necessary and appropriate for the patient at this time.