

<b>Case Number:</b>	CM14-0069700		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 38-year-old male meat wrapper sustained an industrial injury on 12/23/10. Injury occurred when he slipped, shifting all his weight onto his left knee. The patient underwent left knee arthroscopy with extensive debridement of the medial and lateral compartments, synovectomy, partial medial meniscectomy, and chondroplasty of the medial femoral condyle on 5/26/11. The patient reported his knee never got better after surgery. The 11/8/13 left knee MRI impression documented a medial meniscus horizontal cleavage tear extending to the inner edge and adjacent inferior articular surface in the posterior horn and into the middle third of the inferior articular surface of the midbody. There was moderate medial tibiofemoral degenerative arthritis with greater than 50% cartilage eburnation over the central and posterior weight bearing aspect of the medial femoral condyle. There was mild lateral tibiofemoral degenerative arthritis with 7 mm area of chondromalacia grade 3 over the posterior weight bearing aspect of the lateral femoral condyle, and chondromalacia patella grade 3-4 involving the medial facet. The 1/30/14 orthopedic report cited increased generalized left knee pain over the past few weeks. Records indicated complaints of knee weakness and giving way. Physical exam documented body mass index 46.59-trace effusion, limited range of motion, and stable ligament exam. X-rays showed tricompartmental degenerative changes. The MRI showed a medial meniscus tear versus post-meniscectomy changes with adjacent full thickness chondral loss, lateral femoral condyle full thickness chondral loss, and patellofemoral degenerative joint disease. The treatment plan recommended arthroscopic treatment. The 1/30/14 treating physician report cited persistent left knee pain, which precluded return to work. Left knee exam documented crepitus with range of motion, mild effusion, mild tenderness over the lateral femoral condyle, active range of motion 0-115 degrees, motor strength 5/5, pain with

varus/valgus and McMurray's, normal gait, and able to partially squat. Conservative treatment had included ice, elevation, bracing, home exercise program, physical therapy, acupuncture, anti-inflammatories, and activity modification without sustained benefit. The treatment plan requested authorization for left knee arthroscopy for a diagnosis of derangement of the medial meniscus. The 4/17/14 treating physician report cited persistent pain despite conservative treatment with continued functional limitations. The 4/26/14 utilization review denied the request for left knee arthroscopy as there were no mechanical symptoms or meniscal exam findings and corticosteroid injection had not been attempted.

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

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

**Knee arthroscopy/surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

**Decision rationale:** 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, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. Subjective and objective clinical exam findings have been documented consistent with imaging findings of a meniscal tear. There is documentation that guideline-recommended conservative non-operative treatment had been tried and failed. Therefore, this request is medically necessary.