

<b>Case Number:</b>	CM14-0077511		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

This is a 65-year-old man sustained an injury to the left knee on 1/30/09. The clinical records for review include the 5/8/14 progress report noting ongoing complaints of left knee pain with associated swelling. Objectively, on examination there was effusion with medial joint line tenderness and a +/- Steinman's test. Radiographs taken on that date revealed degenerative joint disease of the knee. The report of the MRI dated 4/10/14 identified a vertical tear of the posterior horn of the meniscus on a single image, diffuse intrasubstance degeneration of the meniscus, and a moderate underlying degree of medial compartment arthrosis. It was noted that conservative treatment provided no significant benefit. The recommendation was made for left knee arthroscopy, debridement, and partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Left knee Scope/PMM/Debridement (05/01/2014 - 06/30/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meniscectomy.

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

**Decision rationale:** Based on the California ACOEM Guidelines, the request for left knee scope/PMM/debridement cannot be recommended as medically necessary. The medical records indicate that the claimant has degenerative findings of the medial meniscus on imaging with advanced degenerative arthrosis to the medial compartment. The ACOEM Guidelines recommend that arthroscopic intervention including meniscectomy is of limited benefit in individuals demonstrating signs and symptoms consistent with degenerative arthrosis. This claimant's clinical picture is highly consistent with a degenerative medial compartment of the knee. The request for the proposed surgery cannot be recommended. As such, the request is not medically necessary.