

<b>Case Number:</b>	CM14-0081428		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/23/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 59-year-old female surgical billing supervisor sustained an industrial injury on 12/23/10. The mechanism of injury was not documented. Past surgical history was positive for remote right knee arthroscopy and left knee arthroscopies in 2003 and 2009 for meniscal pathology. The 1/16/14 right knee MRI impression documented a large medial meniscus tear, cartilage thinning of the medial tibial plateau, and small Baker's cyst. The 3/4/14 treating physician report cited continued significant bilateral knee pain. Physical exam documented bilateral knee range of motion 0-110 degrees with good quadriceps and hamstring strength. There was significant tenderness over the medial joint line along the medial meniscus (right greater than left), minor bilateral patellofemoral crepitation, and small 1+ effusion. The 1/16/14 left knee MRI was reported positive for minor to moderate cartilage loss along the femoral condyles and a medial meniscus tear. The treatment plan recommended arthroscopy for meniscectomy of both knees, followed by Hyaluronic acid injections. The 4/29/14 treating physician report cited continued bilateral knee pain, which was causing compensatory left Achilles tendon pain. Bilateral knee exam documented positive medial McMurray's, joint line pain, patellar grind, crepitation, and patellofemoral pain. The diagnosis was bilateral medial meniscus tear and degenerative joint disease. The treatment plan requested authorization of left knee meniscectomy, abrasion arthroplasty, synovectomy with pre-op and Hyaluronic acid injection following surgery. The 5/21/14 utilization review denied the left knee surgery and associated requests, as the physical exam did not indicate whether positive findings were bilateral or specific to one knee and there was insufficient documentation of failed conservative treatment for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery: Left Knee Meniscectomy, Abrasion Arthroplasty, Synovectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery, Meniscectomy.

**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 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 not been met. There is no detailed documentation that recent guideline-recommended conservative treatment had been tried and failed. There is no current documentation of mechanical symptoms other than simply pain. Therefore, this request is not medically necessary.

**Pre-Op:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Hyaluronic Acid (HA) Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid injections.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.