MAXIMUS Federal Services

| Case Number: | CM14-0090609 | | |
|---|---|---|---|
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/19/2008 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

## 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 Texas. 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 74-year-old male who reported an injury on 05/19/2008. The mechanism of injury was not provided for clinical review. The diagnoses included left knee patellofemoral pain syndrome and internal derangement of the left knee. The previous treatments included 12 sessions of physical therapy and injections. The diagnostic testing included a CT arthrogram of the left knee completed on 09/20/2011. Within the clinical note dated 05/20/2014, it was reported the injured worker complained of his knee pain worsening to the point where he is unable to do his activities of daily living. The injured worker reported pain with walking upstairs. He described the pain as sharp, moderate to severe. The injured worker reported increased pain with prolonged standing and walking. Upon the physical examination of the left knee, the provider noted the injured worker had negative quadriceps atrophy and negative Q angle test. The provider noted the injured worker had positive medial joint line tenderness and positive patellofemoral facet tenderness. The injured worker had a positive McMurray's test. The provider noted the range of motion was full. The provider noted the injured worker failed on conservative treatment. The computed tomography arthrogram to the left knee dated 09/20/2011 showed chondral fraying of the medial and lateral facets of the patella and medial femoral condyle with synovial thickening to the suprapatellar pouch. The provider requested left knee arthroscopy/surgery. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee arthroscopy/surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): Pages 67-72.

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

**Decision rationale:** The request for left knee arthroscopy/surgery is not medically necessary. The California MTUS/ACOEM Guidelines note arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of meniscal tear/symptoms other than simply pain, locking, popping, giving way, recurrent effusion, clear signs of bucket handle tear on examination (tenderness over the suspected tear, but not only over the anterior joint line, and perhaps lack of full passive flexion), and consistent findings on an MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official MRI is not provided to corroborate the findings of a meniscal tear. There is a lack of significant objective findings of a meniscal tear including locking, popping, giving way, or recurrent effusion. There is a lack of documentation indicating the injured worker had signs of a bucket handle tear on examination with tenderness over the suspected tear, but not over the entire joint line. The clinical documentation indicated the injured worker had full range of motion. Additionally, the type of surgery to be performed was not provided for review in the request as submitted.