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| <b>Case Number:</b>   | CM14-0198391 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 04/21/2014 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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:

According to the records made available for review, this is a 61-year-old female with a 4/21/14 date of injury. At the time (10/18/14) of the request for authorization for right knee meniscectomy and debridement, there is documentation of subjective (crepitation and pain) and objective (range of motion is 0 to about 120 degrees, moderate patellofemoral crepitation, medial and lateral joint line tenderness, McMurray's test is positive) findings. Also there is documentation of imaging findings (MRI right knee (6/21/14) report revealed lateral compartment joint narrowing with partial truncation of the right lateral meniscus with increased signal, with also increased signal within the posterior horn of the right medial meniscus consistent with meniscal tears), current diagnoses (symptomatic internal derangement with moderate arthritis), and treatment to date (medication and physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Meniscectomy and Debridement:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of symptomatic internal derangement with moderate arthritis. In addition, there is documentation of clear evidence of a meniscus tear; symptoms other than simply pain (crepitation); clear signs of a tear on examination; and consistent findings on MRI. Therefore, based on guidelines and a review of the evidence, the request for right knee meniscectomy and debridement is medically necessary.