

<b>Case Number:</b>	CM14-0207024		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 66-year-old female who reported an injury on 05/08/2013. The mechanism of injury was a slip and fall. There was a request for authorization submitted for review dated 09/22/2014. The documentation of 09/22/2014 revealed the injured worker experienced pain in the right knee. The physical examination revealed tenderness to palpation in the lateral joint line with restricted range of motion, positive crepitus and a positive McMurray's. The documentation indicated the injured worker had an MRI of the right knee without contrast on 09/09/2014 which revealed a complex tear of the lateral meniscus, tear of the body and posterior horn of the medial meniscus along the inferior surface, severe chondral thinning with lateral compartment with associated subchondral edema and osteophyte formation, relatively mild chondral thinning with the medial and patellofemoral compartments and trace joint effusion with several intra-articular bodies in the popliteal region. The diagnoses included right knee internal derangement; complex tear of the lateral meniscus and tear of the body and posterior horn of the medial meniscus along the inferior surface per MRI. The treatment plan and discussion included the injured worker brought the MRI for review and the physician reviewed the MRI which it was opined to include a tear of the lateral meniscus and medial meniscus. The treatment plan included an arthroscopic surgery for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with medial and lateral meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Diagnostic arthroscopy.

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

**Decision rationale:** The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that partial meniscectomy is appropriate when there is clear evidence of a meniscus tear including symptoms other than simply pain which include locking, popping, giving way, or recurrent effusion, clear signs of a bucket handle tear on examination, and consistent findings on the MRI. They do not, however, address chondroplasties. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a chondroplasty is appropriate for injured workers who have conservative care including medication or physical therapy, plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. The clinical documentation that was submitted for review indicated the injured worker had a complex tear of the lateral meniscus and a tear of the body and posterior horn of the medial meniscus as well as severe chondral thinning in the lateral compartment and mild chondral thinning in the medial and patellofemoral compartment. The injured worker had objective findings upon physical examination including restricted range of motion, positive crepitus, positive McMurray's and tenderness to palpation in the lateral joint line. However, there was a lack of documentation indicating the injured worker had either locking, popping, giving way, or recurrent effusion and pain over the medial meniscus. Conservative care would not be necessary given the complex nature of the tearing. However, as there was a lack of documentation of other than simply pain and a lack of documentation of tenderness over the medial joint line, the request for Right Knee Arthroscopy with medial and lateral meniscectomy and chondroplasty is not medically necessary.