

<b>Case Number:</b>	CM14-0209635		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 36-year-old male with a 9/7/10 date of injury, and right knee meniscectomy on 8/31/11. At the time (8/8/14) of request for authorization for One (1) right knee arthroscopic medial meniscectomy, chondroplasty, and debridement of loose chondral body with anterior cruciate ligament revision, there is documentation of subjective (right knee pain with popping) and objective (tenderness over the medial and lateral joint line, effusion, positive McMurray's test, ) findings, imaging findings (reported MR arthrogram of the right knee (7/25/14) report revealed a radial flap tear of the posterior horn of the right medial meniscus; report not available for review), current diagnoses (tear of medial cartilage or meniscus of knee), and treatment to date (medications, cortisone injections, and physical therapy). There is no documentation of an imaging report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) right knee arthroscopic medial meniscectomy, chondroplasty, and debridement of loose chondral body with anterior cruciate ligament revision: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. 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 a diagnosis of tear of medial cartilage or meniscus of knee. In addition, there is documentation of conservative care (medications, cortisone injection, and home exercise program). Furthermore, given documentation of subjective (right knee pain with popping) findings, there is documentation of at least two symptoms (joint pain and popping). Lastly, given documentation of objective (tenderness along the medial and lateral joint line, positive McMurray's test, and effusion) findings, there is documentation of at least two findings (joint line tenderness, positive McMurray's sign, and effusion). However, despite documentation of medical report's reported imaging findings (MR arthrogram of the right knee identifying a radial flap tear of the posterior horn of the right medial meniscus), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for One (1) right knee arthroscopic medial meniscectomy, chondroplasty, and debridement of loose chondral body with anterior cruciate ligament revision is not medically necessary.