

<b>Case Number:</b>	CM14-0024257		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 51-year-old male with a 9/27/13 date of injury. At the time (11/18/13) of the request for authorization for left knee video arthroscopy, medial meniscectomy, there is documentation of subjective (pain in his left knee, associated locking and catching) and objective (focal tenderness along the medial joint line of his left knee, range of motion is from 5 to 125 degrees, positive McMurray at the end of terminal flexion) findings, imaging findings (MRI left knee (10/31/13) report revealed complete radial tear of the posterior horn of the medial meniscus resulting in complete separation from its posterior horn root), current diagnoses (left knee medial meniscal tear), and treatment to date (medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Video Arthroscopy, Medial Meniscectomy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, B. MENISCUS TEARS,

**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 left knee medial meniscal tear. In addition, there is documentation of clear evidence of a meniscus tear; symptoms other than simply pain (locking, popping); 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 left knee video arthroscopy, medial meniscectomy is medically necessary.