

<b>Case Number:</b>	CM14-0218478		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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 58-year-old male who reported an injury on 09/27/2013. The mechanism of injury was not stated. The current diagnoses include knee/leg sprain, lumbar sprain, disc disorder, tear of the medial meniscus of the knee, lumbosacral sprain, and lumbago. The injured worker presented on 11/25/2014 with complaints of persistent right lower extremity pain. The injured worker had completed 24 sessions of physical therapy for the right lower extremity. The injured worker reported ongoing sharp, throbbing, pain with instability and difficulty walking. Upon examination, there was slight swelling with mild effusion, tenderness along the inferolateral patella on the right, significant localized tenderness to the anterior portion of the knee, and tenderness located to the medial joint space, posterior medial corner region of the meniscus, and positive patellar femur grinding test. X-rays of the right knee revealed slight narrowing of the joint space of the lateral compartment. Recommendations included a repeat right knee joint arthroscopic evaluation with chondroplasty and partial meniscectomy. A Request for Authorization form was then submitted on 11/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic chondroplasty, partial meniscectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. Although the injured worker reported instability with recurrent swelling and pain, there were no imaging studies provided for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate at this time.