

<b>Case Number:</b>	CM14-0041163		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old man sustained an industrial injury to his left knee on 8/30/2013. The mechanism of injury is not detailed. Current diagnoses include a small vertical left medial meniscus tear. Treatment has included oral medications. Physician notes dated 3/11/2014 show left knee pain with new onset clicking and anterior mass said to be pre-patellar bursitis. Recommendations included surgical intervention. On 3/26/2014, Utilization Review evaluated a prescription for left knee arthroscopy with partial medial meniscectomy, that was submitted on 4/3/2014. The rationale for denial was not included with the UR. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with partial medial 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, 344, 345.

**Decision rationale:** California MTUS guidelines indicate surgical considerations for activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear, symptoms other than simply pain such as locking, popping, giving way or recurrent effusion, clear signs of a bucket handle tear on examination such as tenderness over the suspected tear but not over the entire joint line and perhaps lack of full flexion and consistent findings on the imaging studies. The documentation provided does not indicate mechanical symptoms. There is a history of anterior knee pain associated with prepatellar bursitis. The MRI report has not been submitted but progress notes indicate presence of a small vertical tear in the medial meniscus. The documentation does not indicate a recent physical therapy program with associated failure. The guidelines indicate that patients suspected of having meniscal tears but without progressive or severe activity limitations can be encouraged to live with the symptoms to retain the protective effect of the meniscus. Furthermore, arthroscopy and meniscus surgery may not be equally beneficial for those patients who have evidence of degenerative changes. An x-ray report or MRI report has not been submitted and so the degree of chondromalacia is not known. In light of the foregoing, the guidelines criteria have not been met and as such, the medical necessity of the requested arthroscopy with partial medial meniscectomy has not been substantiated.