

<b>Case Number:</b>	CM15-0009773		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Illinois, California, Texas  
 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 02/04/2013. She sustained a left knee tibial plateau fracture and underwent open reduction and internal fixation. She has reported subsequent bilateral knee pain and was diagnosed with osteoarthritis of the knees and bilateral medial meniscus tears. The 10/3/14 right knee MRI showed grade 1 to 2 tricompartmental chondromalacia with a tear of the posterior horn medial meniscus. Treatment to date has included oral and topical pain medication, physical therapy and bilateral Supartz injections with no sustained improvement. In a progress note dated 11/20/2014, the injured worker complained of pain in the knees which was noted to have increased. There was significant pain at night and instability was noted. Objective physical examination findings were notable for moderate bilateral knee swelling, bilateral medial joint line tenderness, and restricted active and passive range of motion in both knees due to pain. Instability testing was negative. The physician noted that a recent MRI showed a medial meniscal tear of the right knee and that he wanted to schedule the injured worker for a medial meniscectomy. On 12/26/2014, Utilization Review non-certified a request for right knee arthroscopic medial meniscectomy, noting that there was no documentation of progressive or severe activity limitation. MTUS and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic medial meniscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Knee and Leg: Meniscectomy

**Decision rationale:** The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been fully met. There is reasonable documentation of overall functional limitations. The patient complained of instability despite the clinical exam being relatively negative for same. There was clinical and imaging evidence of a posterior horn medial meniscus tear with chondromalacia changes in all three compartments. There was evidence of recent viscosupplementation and prior physical therapy with no improvement. Therefore, this request for right knee arthroscopy medial meniscectomy is medically necessary at this time.