

<b>Case Number:</b>	CM15-0101863		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

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 59-year-old male, who sustained an industrial injury on 12/8/14. He reported sudden onset of bilateral knee injury after falling through a customer's deck. The injured worker was diagnosed as having degenerative joint disease of medial compartment and medial meniscus tear. Treatment to date has included physical therapy. (MRI) magnetic resonance imaging of left knee performed on 4/22/15 noted horizontal oblique tear of the posterior horn medial meniscus with tear extending to the undersurface with questionable horizontal tear of the mid body, mild to moderate 3 compartment osteoarthritic changes with joint space narrowing and significant chondromalacia predominant of the patellofemoral and medial compartments, grade 1 sprain of lateral collateral ligament and mild joint effusion. Currently, 5/1/15 the injured worker complains of soreness, stiffness, swelling, aching and an occasional twinge and weakness. Physical exam noted tenderness in lateral joint line and medial joint line of left knee with minimal swelling at general aspect of the knee and crepitus is present. The treatment plan included arthroscopy with partial medial meniscectomy and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee lateral meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Criteria for meniscectomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." It is unclear from the exam note of 5/1/15 how significant osteoarthritis is based on the MRI report submitted. Until standing radiographs are obtained demonstrating the degree of osteoarthritis, the determination is for non-certification for the requested knee arthroscopy.