

<b>Case Number:</b>	CM15-0107825		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, Indiana, Oregon  
 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 38 year old female sustained an industrial injury to the right knee on 9/16/13. Previous treatment included magnetic resonance imaging, physical therapy, a cortisone injection, knee brace and medications. Magnetic resonance imaging right knee (9/30/14) showed diminutive medial meniscal body without a definite tear and high grade chondrosis with full thickness chondral fissuring. In a PR-2 dated 4/15/15, the injured worker complained of right knee pain. The injured worker had completed six sessions of physical therapy. The injured worker was no longer using a cane and only used the knee brace for occasional long distance walking. The injured worker reported that a patellar injection had been helpful for about two weeks but the pain recurred after an episode of kneeling. No physical exam was documented. Current diagnoses included arthrosis and possible meniscal tear. The treatment plan included arthroscopy with possible partial meniscectomy, debridement, possible microfracture versus chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy with Possible Partial Meniscectomy, Debridement, Possible Microfracture vs Chondroplasty: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the MRI 9/30/14es not demonstrate clear evidence of meniscus tear and therefore the request is not medically necessary.