

<b>Case Number:</b>	CM15-0164726		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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:

This injured worker is a 59-year-old male who sustained an industrial injury on 6/12/10. Injury occurred when he tripped on a cart and fell, twisting his body. He underwent left knee arthroscopic medial meniscectomy on 2/11/11. Conservative treatment included physical therapy, acupuncture, myofascial release therapy, corticosteroid injection, cane, and medications. The 7/2/13 left knee MRI findings documented that the medial meniscus intact without evidence of the tear. The medial compartment articular cartilage was preserved. There was mild chondral fissuring at the inferior lateral femoral condyle and opposing lateral tibial plateau. There was a full thickness chondral loss at the lateral trochlear groove. The impression documented no meniscal or ligament tear, moderate lateral patellar chondromalacia with moderate underlying bone marrow edema and subchondral cystic change, and mild lateral compartment arthrosis. Progress reports have documented left knee locking, clicking, and giving way. The 7/9/15 treating physician report cited severe left knee pain associated with difficulty going to sleep and limping. He was using a cane for ambulation. Symptoms were aggravated by ascending stairs, daily activities, and rotation. Symptoms were relieved with rest. Left knee exam documented mild swelling, medial joint line tenderness, and positive medial McMurray's. Left knee range of motion was 0-135 degrees and painful. X-rays of the left knee were reported normal. Prior MRI showed recurrent medial meniscus tear. Authorization was requested for arthroscopy medial meniscectomy and chondral shave arthroscopy surgery and associated surgical requests. The 7/21/15 utilization review certified the request for chondral shave knee arthroscopy surgery and

associated surgical requests. The request for arthroscopic medial meniscectomy was non-certified as there was no clear imaging evidence of a recurrent medial meniscus tear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Arthroscopy medial meniscectomy knee arthroscopy surgery: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have 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. 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 met for meniscectomy. This injured worker presents with persistent and function-limiting left knee pain with reports of locking, clicking, and giving way. Clinical exam findings are consistent with medial meniscus tear. The treating physician has reported imaging evidence of a recurrent medial meniscus tear. Evidence of long-term reasonable and/or comprehensive non-operative treatment and failure has been submitted. Given the signs/symptoms and clinical exam findings, surgical interval in the form of meniscectomy is reasonable. Therefore, this request is medically necessary.