

<b>Case Number:</b>	CM15-0167293		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	12/17/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 56-year-old man who sustained an industrial injury on 12/17/14. The mechanism of injury was reported as cumulative trauma relative to his employment as a roofer. The 7/22/15 treating physician report documented left knee complaints with limited range of motion, generalized joint line pain, and effusion. He was wearing a knee sleeve and working regular duty. The 7/28/15 left knee MRI impression documented tear of the free margin of the posterior horn of the lateral meniscus that extended into the region of the posterior root. There was a subacute tear of the anterior cruciate ligament and full thickness articular cartilage loss over the patellofemoral joint and medial femorotibial compartment. The 8/5/15 treating physician report cited bilateral knee, low back, and bilateral wrist pain. He was wearing a left knee sleeve. Left knee exam documented limited range of motion, generalized joint line pain and effusion. Imaging showed a tear of the free margin of the posterior horn of the lateral meniscus that extended into the region of the posterior root. There was a subacute tear of the anterior cruciate ligament and full thickness articular cartilage loss over the patellofemoral joint and medial femorotibial compartment. Authorization was requested for arthroscopy, correction internal derangement left knee. The 8/23/15 utilization review non-certified the request for left knee arthroscopy with correction of internal derangement as there was no detailed documentation of conservative treatment and response, and no evidence of standing x-rays to see if there was a joint collapse due to severe arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy, correction internal derangement, Left Knee, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for surgery - Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS 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 not been met. This injured worker presents with complaint of left knee pain. Clinical exam findings were generally consistent with imaging evidence of lateral meniscus tear. However, there was no documentation of mechanical symptoms or provocative meniscal testing. There is no documentation of specific functional limitations relative to the left knee. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.