

<b>Case Number:</b>	CM15-0181543		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Oregon, Washington  
 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 53-year-old female, who sustained an industrial injury on 8-15-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left knee internal derangement; rule out tricompartmental degenerative joint disease, status post-surgery times 2, and rule out lumbar spine radiculopathy. On 8-24-2015, the injured worker reported left knee pain with crepitus and buckling. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker no longer in therapy, with the objective findings noted to include limited range of motion (ROM) 3 to 84 degrees, 2+ effusion with crepitus; sharp endpoint and lack of extension-worse since last visit. The Physician noted "x-ray WNL". Prior treatments have included at least 14 sessions of physical therapy, two arthroscopic left knee surgeries on 11-11-2011 and 7-29-2014, and medication. The Physician requested authorization for knee arthroscopy, indication +MRI and new tear. The Orthopedic Second Opinion Surgical Consult report dated 5-5-2015, noted the injured worker reported ongoing left knee pain rated 7 out of 10. Examination of the left knee was noted to show patellar tendon tenderness, medial joint line tenderness, and lateral joint line tenderness, with normal range of motion (ROM), stability, reflexes, and muscle strength and tone. The Physician noted bilateral standing films, lateral projection of the left knee, and sunrise views of the bilateral knees revealed no acute bony changes. The Physician's impression was noted as bilateral left worse than right patellar tendinosis-tendinitis status post industrial left knee sprain-strain injury, with the plan for a MRI of the left knee. A MRI left knee arthrogram dated 12-5-14 included in the documentation submitted for review was noted to have the impression of "Defect in the posterior horn of the medial meniscus towards the meniscal root probably related to postsurgical changes. Globular and linear intermediate signal intensity along the undersurface of the posterior horn of the medial

meniscus extending to the inferior articular surface without contrast penetration. This could represent postmeniscal surgical changes. A 'sealed' tear is a consideration. Mild chondromalacia changes of the patella similar to the prior study." The request for authorization dated 8-24-2015, requested a left knee arthroscopy. The Utilization Review (UR) dated 9-5-2015, non-certified the request for a left knee arthroscopy.

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

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

#### **Left knee arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg - 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 section, Meniscectomy section.

**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 exam notes from 5/5/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.