

<b>Case Number:</b>	CM15-0195454		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 61-year-old male, who sustained an industrial injury on 8-19-13. The injured worker is diagnosed with a right knee medial meniscus derangement, right knee osteoarthritis and right knee joint pain. His work status is temporary total disability. Notes dated 8-26-15 - 9-17-15 reveals the injured worker presented with complaints of right knee pain. He reports he is unable to walk long distances, experiences pain when walking short distances and pain with daily activities. Physical examinations of the right knee, dated 8-26-15 - 9-22-15, revealed tenderness to palpation at the anterior, posterior and medial right knee, stiffness, swelling and crepitus, decreased range of motion and a positive meniscal provocative test. Treatment to date has included anti-inflammatory medication, which provided some relief and a right knee injection, which provided 1 month of pain relief, per note dated 9-17-15. A right knee MRI (8-18-15) revealed "arthrosis preferentially involving the medial and lateral femorotibial compartment", "extensive degenerative tearing fragmentation bordering on maceration of the medial meniscal body and moderate sized show effusion with reactive synovitis decompressing into a large popliteal cyst, which is leaking or has ruptured". A right knee x-ray revealed a medial meniscus tear per physicians note dated 9-17-15. A request for authorization dated 9-18-15 for a right knee meniscectomy is denied, per Utilization Review letter dated 9-25-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Meniscectomy QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case, the MRI from 8/18/15 demonstrates osteoarthritis of the knee. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes."