

<b>Case Number:</b>	CM15-0204221		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2015

### 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 55 year old, male who sustained a work related injury on 2-24-11. A review of the medical records shows he is being treated for bilateral knee and bilateral leg pain. In the progress notes dated 8-28-15 and 9-19-15, the injured worker reports bilateral knee pain. He rates his pain level an 8 out of 10 for approximately 80% of the time. On physical exam dated 9-19-15, he has palpable tenderness of both knee medial joint lines with crepitus and edema. He has decreased range of motion in left knee. Treatments have included physical therapy, rest, medications and home exercises. "MR arthrogram reveals positive meniscus tear." "X-rays reveal mild arthrosis, decreased joint space." Current medications include Working status is not noted. The treatment plan includes a request for left knee surgery. The Request for Authorization dated 9-19-15 has a request for left knee surgery. In the Utilization Review dated 9-25-15, the requested treatment of outpatient left knee arthroscopy, meniscectomy, chondroplasty, and synovial debridement is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left knee arthroscopy, meniscectomy, chondroplasty, and synovial debridement:**  
Upheld

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

**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 & Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** 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 9/19/15 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 determination is for non-certification. 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 arthrogram and plain radiographs demonstrates osteoarthritis of the knee and a meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis, the determination is for non-certification for the requested knee arthroscopy.