

<b>Case Number:</b>	CM15-0020180		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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:

The injured worker is a 43-year-old female who sustained an industrial injury on 3/6/12. Past surgical history was positive for a left knee arthroscopy in 2013. Records indicated that a right knee MRI was not performed. The 12/12/14 treating physician report cited continued bilateral knee pain. She had started physical therapy and made progress, but was frustrated that she had not improved. She wanted to walk and run without incident. Physical exam documented left knee range of motion 10 to 90 degrees, right knee range of motion 0-110 degrees, stable to varus and valgus, and medial joint line tenderness bilaterally. The impression was bilateral knee osteoarthritis with meniscal pathology, stiffness and pain. The treating physician report indicated that she did not have enough osteoarthritis to warrant a knee replacement. She continued to fail long courses of conservative management, injections, time, and physical therapy. She would like to proceed with bilateral knee arthroscopic medial meniscectomy and chondroplasty. The left knee surgery had previously been authorized. The 1/6/15 treating physician report indicated the right knee pain had more swelling and discomfort. Right knee exam documented a large effusion, 3-95 degrees of motion and significant medial joint line tenderness with circumduction pain. The treatment plan again requested single surgery bilateral arthroscopy debridement, meniscectomy and exam with manipulation under anesthesia. On 1/12/15, utilization review non-certified a request for a right knee arthroscopic medial meniscectomy and chondroplasty. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On 2/3/15, the injured worker submitted an application for IMR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic medial meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Indications for Surgery, Chondroplasty.

**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: Chondroplasty.

**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 chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Loose body removal surgery is recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment. Guideline criteria have not been met. This patient has persistent right knee pain that has failed 2 years of conservative treatment, including medications, physical therapy, home exercise, and injection. Imaging has not been performed on the right knee. In the absence of imaging evidence of a meniscus tear or chondral defect, guidelines do not support proceeding with requested surgery. Therefore, this request is not medically necessary.