

<b>Case Number:</b>	CM15-0027591		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Minnesota, Florida  
 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 54-year-old male with a history of industrial trauma on 6/12/2014. There is also a history of remote non-industrial trauma with a tibial malunion. Examination of the knee revealed medial joint line tenderness and pain with McMurray testing medially and with squatting. There was no instability. X-rays of the knee showed minimal to none joint space narrowing. X-rays of the tibia showed the malunion. An MRI scan of the right knee was said to show a horizontal cleavage tear of the posterior horn of the medial meniscus extending into the body, subacute bone bruise in the medial tibial plateau and old or subacute healed impaction or stress fracture of the medial tibial diaphysis without involvement of the articular surface and grade 2 to grade 3 chondromalacia of the medial compartment. Utilization review noncertified a request for arthroscopy with partial meniscectomy as the MRI report was not submitted and no mechanical symptoms were documented. Per orthopedic examination of January 6, 2015 the injured worker was complaining of persistent right knee pain. Examination revealed medial joint line tenderness. There was pain with medial McMurray. Pain with squatting. Negative Lachman. Negative posterior drawer. Stable to varus and valgus stress. Range of motion was 0-120°. The distal tibia revealed evidence of a malunion with protuberance of the bone. This was tender to palpation. X-rays of the knee were negative. X-rays of the tibia demonstrated a tibial malunion. The provider recommended arthroscopy of the knee. There is no documentation of a mechanical symptoms or joint effusion. A review of the records from June 12, 2014 again indicates complaint of ongoing pain and discomfort on the medial aspect of the knee but no locking, popping, catching, or giving way. He complained of swelling with prolonged standing.

Examination revealed full range of motion and negative McMurray. There was no joint line tenderness. There was moderate tenderness over the medial collateral ligament. Gait was antalgic. X-rays were said to be negative. An orthopedic note dated November 25, 2014 indicates narrowing of the medial compartment on x-rays. The diagnosis was status post right knee sprain and strain, meniscus tear, and osteoarthritis. The knee was injected with corticosteroids. Physical therapy was recommended 2 times a week for 3 weeks. On 1/21/15 Utilization Review non-certified the request for Right knee arthroscopy and partial medial meniscectomy. The MTUS, ACOEM Guidelines, (or ODG) was cited. In particular the MRI report was not submitted and no mechanical symptoms were documented.

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

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

**Right knee arthroscopy and partial medial meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345.

**Decision rationale:** California MTUS guidelines indicate arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear. However, in the presence of degenerative changes meniscus surgery may not be equally beneficial. The injured worker has evidence of chondromalacia of the medial compartment and at least one x-ray showed some narrowing of the medial joint space. The MRI scan is said to reveal a horizontal tear. Horizontal tears usually represent a degenerative process. The most recent progress note does not document any mechanical symptoms such as locking, popping, and giving way. The guidelines indicate that patients suspected of having meniscal tears but without progressive or severe activity limitation can be encouraged to live with the symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In the absence of recent documentation of mechanical symptoms and the absence of an MRI report, the request for arthroscopy with partial medial meniscectomy is not supported and as such, the medical necessity of the request has not been substantiated.