

<b>Case Number:</b>	CM15-0028726		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/28/2015
<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: California  
 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 64 year old female, who sustained an industrial injury on 6/8/12. She has reported left knee injury. The diagnoses have included post internal derangement of left knee and joint syndrome and quad weakness bilateral knees, patellofemoral arthralgia of both knees. Treatment to date has included medications, diagnostics, and surgery, physical therapy and steroid injections. Currently, the injured worker complains of persistent left knee pain that is worsening. She had a steroid injection on 10/30/14 without pain relief. She sees pain management physician. Magnetic Resonance Imaging (MRI) of left knee dated 6/7/13 revealed chondromalacia of the patella. The Magnetic Resonance Imaging (MRI) of the left knee dated 12/11/14 revealed re-demonstration of patellofemoral impingement with cartilage fissuring and ganglion cyst in the ACL. Physical exam revealed she had hard time performing any maneuvers. There was noted to be significant emotional content to pain and non focal. Treatment plan was for left knee scope/ACL cyst debridement. There was therapy sessions noted with the documentation. Work status was to remain off work for 6 weeks. On 1/28/15 Utilization Review non-certified a request for Left knee scope Partial Medial Meniscectomy (PMM) or Partial Lateral Meniscectomy (PLM) at [REDACTED]. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee scope Partial Medial Meniscectomy (PMM) or Partial Lateral Meniscectomy (PLM) at [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Meniscectomy.

**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 MRI of the left knee from 12/11/14 demonstrates no evidence of meniscus pathology. Therefore the determination is for non-certification.