

<b>Case Number:</b>	CM15-0219522		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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:

This injured worker is a 59-year-old male who sustained an industrial injury on 3/12/13. The mechanism of injury was not documented. The treating physician report progress reports from 4/9/15 to 8/20/15 documented persistent left knee pain and grinding, locking, and swelling. Left knee exam documented decreased range of motion, medial joint line tenderness to palpation, positive varus alignment, and positive McMurray test. Conservative treatment documented physical therapy, activity modification, medications, and injection. The 9/5/15 left knee MRI impression documented advanced chronic articular cartilage degeneration with apparent sequelae of old trauma, particularly in the medial joint compartment which showed complete loss of articular cartilage and considerable deformity with degeneration and abnormal signal in the medial meniscus. The lateral meniscus showed chronic tear. There was discontinuity of the anterior cruciate ligament and its tibial insertion which suggests chronic ACL tear. The fibular collateral ligament appeared to be disrupted. There was advanced articular cartilage degeneration, also evident in the lateral joint compartment and in the patellofemoral joint. The 9/14/15 treating physician report cited grade 7/10 left knee pain with popping and grinding. She was using a knee brace. Imaging demonstrated medial meniscus tear and osteoarthritis. Authorization was requested for left knee arthroscopy. The 10/6/15 utilization review non-certified the request for left knee arthroscopy with no rationale provided in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Left Knee Arthroscopy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Meniscectomy, Arthroscopic surgery for osteoarthritis.

**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 meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG generally do not recommend arthroscopic surgery for osteoarthritis where symptoms are noted consistent with a loose body, after failure of conservative treatment. Guidelines state that arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless a patient has a clear history of mechanical locking associated with intraarticular loose bodies or meniscal tears, emphasizing the importance of proper patient selection. Guideline criteria have been met. This injured worker presents with left knee pain with associated grinding, locking, and swelling. Clinical exam findings were consistent with imaging evidence of meniscus tears and osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.