

<b>Case Number:</b>	CM15-0220400		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	04/28/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/21/2015
<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: 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 62 year old male, who sustained an industrial injury on 4-28-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left knee degenerative joint disease. On 10-13-2015, the injured worker reported left knee pain that radiated into the hip, improved with medications. The Primary Treating Physician's report dated 10-13-2015, noted the injured worker with no change in the level of function during activity since the last visit. The injured worker's current medications were noted to include Motrin and Naprosyn, and over-the-counter (OTC) non-steroid anti-inflammatory drugs (NSAIDs) for pain management. The physical examination was noted to show the left knee with joint line tenderness noted on the medial aspect and lateral aspect with marked crepitation medially and a positive McMurray's test. The Physician noted the left knee MRI dated 6-17-2015 showed degenerative joint disease primarily medial with degenerative changes in the medial meniscus. The treatment plan was noted to include recommendation for a left knee scope with medial meniscectomy, synovectomy. The injured worker's work status was noted to be modified. The request for authorization dated 10-14-2015, requested a left knee scope with medial meniscectomy, synovectomy. The Utilization Review (UR) dated 10-21-2015, non-certified the request for a left knee scope with medial meniscectomy, synovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee scope with medial meniscectomy, synovectomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy.

**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.

**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 exam notes from 10/13/15 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 knee arthroscopy is not medically necessary and the determination is for non-certification.