

<b>Case Number:</b>	CM15-0038164		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2015

### 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 61-year-old female, who sustained an industrial injury on 12/12/13. She has reported right knee injury. The diagnoses have included right knee medial meniscus tear and osteoarthritis of right knee. Treatment to date has included physical therapy, activity restrictions and cortisone injection. (MRI) magnetic resonance imaging of right knee revealed tear of posterior medial meniscal root, small joint effusion and chondromalacia of medial patellar facet. Currently, the injured worker complains of continued right knee pain, worse with prolonged standing and walking. Physical exam noted tenderness of medial joint line of right knee and tenderness over the lateral joint line and patella with mild pain on resisted extension. Range of motion is limited with mild patellofemoral crepitus. A request for arthroscopic surgery of the right knee was non-certified by UR for lack of a recent comprehensive non-operative treatment program. California MTUS guidelines were used. This has been appealed to an IMR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic surgery Qty: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** The injured worker is complaining of pain in the right knee related to the injury date of 12/12/2013. Per examination note of January 12, 2015, the assessment was mild degenerative joint disease; rule out meniscus tear. A right knee corticosteroid injection was given. In the opinion of the treating physician "patient would most likely not do well with the arthroscopy as much of her symptoms seemed to be patellofemoral in nature. Recommend low impact exercises long-term." The MRI scan of the right knee performed on November 4, 2014 revealed a small joint effusion. The osseous structures demonstrated normal alignment. The retropatellar cartilage demonstrated grade 3 change of the medial patellar facet. Femoral condyle showed normal cartilage. Medial and lateral collateral ligaments were intact. Anterior and posterior cruciate ligaments were normal. Lateral meniscus was normal. The medial meniscus demonstrated signal posteriorly near the meniscal root. No posterior meniscal cyst was identified. Per examination note of January 27, 2015, the injured worker was having pain in the right knee. She injured the knee over a year ago when the right ankle gave out on her going down some stairs. Ever since then she has had medial and anterior right knee pain. This did not improve despite going to physical therapy, limiting activities, etc. She got temporary relief from a cortisone injection. She has no mechanical symptoms but the pain is very limiting, worse with prolonged standing and walking. She had an MRI done which showed a torn posterior root of the medial meniscus. On examination, she was tender over the medial joint line, lateral joint line, and patella. She had mild pain with resisted extension. Range of motion was 0-125 with mild patellofemoral crepitus. Mild effusion. McMurray's test was negative. The diagnosis was right knee pain and osteoarthritis, localized, primary, lower leg. He request for arthroscopy of the right knee and partial medial meniscectomy was noncertified by utilization review as there was no documentation of a recent comprehensive non-operative treatment program. California MTUS guidelines indicate surgical considerations for 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. The guidelines also state that arthroscopic partial meniscectomy initially has a high success rate for cases in which there is clear evidence of a meniscal tear such as symptoms of locking popping giving way, recurring effusion and clear signs of bucket handle tear on examination with tenderness over the tear but not over the entire joint line. The documentation provided indicates that the pain was mostly anterior and anteromedial but not postero-medial where the tear is located. The tenderness was located on both the medial and lateral aspects and also over the patella. The treating physician indicated that the injured worker had patellofemoral syndrome and was not likely to improve with surgery (prior to knowing the MRI findings). The MRI scan shows an increased signal at the root of the medial meniscus posteriorly but there is no displacement documented. The body of the meniscus is intact. There is also evidence of degenerative patellofemoral arthritis documented. The California MTUS guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines indicate that the results with surgery versus physical therapy for degenerative tears were the same with the added advantage of maintaining the cushioning property of the meniscus if nonsurgical treatment is elected. With surgery the degenerative changes are likely to be accelerated. The MRI scan is not always accurate with regard to the degree of chondromalacia unless it is grade 4 and the bone is

exposed. Therefore, standing films are likely to show progression of osteoarthritis more so than the MRI. Utilization review noncertified the surgical request because of the absence of documentation pertaining to a recent comprehensive weeks/months non-operative treatment program of exercises, injections, etc. The available medical records at this time do not include such a program. The notes from January 27, 2015 document 1 corticosteroid injection and also document some physical therapy but the duration of the therapy is not known. The notes also state "she has no mechanical symptoms but the pain is very limiting". In the absence of mechanical symptoms, the guidelines do not recommend a partial meniscectomy. As such, the request for arthroscopy and partial meniscectomy is not supported and the medical necessity of the request has not been substantiated.