

<b>Case Number:</b>	CM15-0040312		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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:

The injured worker is a 28-year-old female, who sustained an industrial injury on 08/14/14. Injury occurred when she pivoted and turned, twisting her right knee. Her right knee gave way and became swollen and stiff. Conservative treatment included bracing, crutches, anti-inflammatory medications, pain medications, and 6 visits of physical therapy. The 9/30/14 right knee MRI impression documented severe tendinosis of the inferior one third of the posterior cruciate ligament. There was focal maceration of the posterior one-third of the lateral meniscus, immediately subjacent to the posterior root zone. The medial meniscus was unremarkable. The 12/9/14 treating physician reports cited moderate right knee pain. Associated symptoms included limping, stiffness, tenderness, and painful walking. Exacerbating factors included knee flexion, squatting and bearing weight. Relieving factors included rest, ice, brace, and non-opioid analgesics. Right knee exam documented swelling, decreased strength due to on-going pain, and further exam deferred due to significant complaints. The diagnosis was meniscus tear. The 1/22/15 orthopedic report cited medial right knee pain. She was using a brace and crutches for pain. Obesity (body mass index 46.3) contributed to her knee pain issues. She had been unable to return to work. Right knee exam documented exquisite medial joint line tenderness, pes anserine tenderness, range of motion limited due to guarding and pain, and negative instability tests. MRI showed a complex tear of the posterior horn of the medial meniscus. The treatment plan recommended arthroscopic meniscal tear debridement. The 2/9/15 utilization review non-certified the request for right knee arthroscopic debridement medial meniscus tear and associated

physical therapy as there was no documentation of mechanical findings or MRI findings of medial meniscus tear.

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

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

**Right Knee arthroscopic debridement medial meniscus tear:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines; Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS 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. Guideline criteria have not been fully met. There is persistent pain without significant mechanical issues. There was tenderness over both the medial joint line and the adjacent pes bursa. Imaging evidence referenced focal maceration of the lateral meniscus, without a medial meniscal tear. Given the lack of mechanical issues, the rather diffuse medial knee tenderness, the lack of medial meniscal tear on the radiologist's MRI report and lack of detailed therapy records evidencing trial and failure (along with plausible overall symptom generation at the knee level associated with elevated BMI), this request is not medically necessary.

**Physical Therapy three times a week for two weeks per month, for two months (24 visits total):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the surgical request is supported, this request is not medically necessary.