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| <b>Case Number:</b>   | CM15-0050201 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 06/27/2011 |
| <b>Decision Date:</b> | 06/30/2015   | <b>UR Denial Date:</b>       | 02/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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, Indiana, Oregon  
 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 56 year old female, who sustained an industrial injury on 06/27/2011. She reported that she slipped and fell over a box injuring her neck and right knee. Treatment to date has included neck surgeries and knee surgery. According to a progress report dated 01/16/2015, the injured worker was seen for a second opinion regarding her right knee. She had arthroscopic surgery and still continued to have pain. She was using a cane. She reported instability of her right knee caused her to fall frequently. She had a special concern about falling due to the fact that she had neck fusion. Diagnoses included right knee giving way, possible displace meniscus tear versus fibrosis of the fat pad causing catching of the patella and probable maltracking patella secondary to fibrosis. The provider stated that if the pain and symptoms were really affecting her life to a significant degree and past treatment had not helped, that is would be reasonable to proceed with right knee arthroscopy, synovectomy, lateral release, possible partial medial meniscectomy versus repair and debridement of possible partial PCL tear. Currently under review is the request for meniscectomy versus repair and debridement of possible PCL tear and right knee arthroscopy, synovectomy, lateral release, possible partial medial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meniscectomy versus repair and debridement of possible PCL tear: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**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 from 10/15/14 does not show clear evidence of a meniscus tear. Therefore the determination is not medically necessary.

**Right knee arthroscopy, synovectomy, lateral release, possible partial medial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of lateral release. ODG, Knee and Leg, Lateral retinacular release states criteria includes, "Criteria for lateral retinacular release or patella tendon realignment or maquet procedure: 1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture) or Medications. PLUS 2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement, OR Recurrent dislocations PLUS 3. Objective Clinical Findings: Lateral tracking of the patella, OR Recurrent effusion, OR Patellar apprehension, OR Synovitis with or without crepitus, OR Increased Q angle >15 degrees PLUS 4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI. In this case the imaging from 10/15/14 does not demonstrate any of the guideline findings required. The request is therefore not medically necessary.