

<b>Case Number:</b>	CM15-0060534		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 54-year-old female who sustained an industrial injury on 01/10/2013. Diagnoses include patellofemoral chondromalacia. Treatment to date has included diagnostic studies, medications, cortisone injections, therapy, bracing, and home exercise program. A physician progress note dated 02/19/2015 documents the injured worker has continued recurrent knee swelling and pain. There is recurrent effusion with joint line tenderness. She has crepitus with motion. A Magnetic Resonance Imaging done on 06/09/2014 revealed early chondromalacia patella and grade II signal in the lateral meniscus and Grade I-II signal of the medial meniscus. Treatment requested is for right knee arthroscopic surgery with synovectomy and partial meniscectomy. The request for surgery was non-certified by utilization review as there was no history of mechanical symptoms or MRI evidence of a torn meniscus. CA MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Surgery with Synovectomy and Partial Meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery - Meniscectomy; Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344, 345.

**Decision rationale:** The MRI scan of the right knee dated 6/9/2014 revealed evidence of early chondromalacia of the patella with no disruption of the articular surface, grade 2 signal of the lateral meniscus with questionable extension to the articular surface and some minimal grade 1-2 signal of the peripheral medial meniscus. There was no synovial abnormality noted. Joint fluid was minimal. California MTUS guidelines indicate 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 such as locking, popping, giving way, or recurrent effusion and clear signs of a bucket handle tear on examination such as tenderness over the suspected tear but not over the entire joint line and consistent findings on the MRI scan. In this case the MRI scan does not show a definite lateral meniscal tear. There are no mechanical symptoms reported. Examination reveals evidence of patellofemoral syndrome with a crepitus on range of motion in the patellofemoral joint and evidence of early chondromalacia of the patella on the MRI scan. The guidelines indicate although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. There is no documented inflammatory process in the knee for which a synovectomy may be appropriate. As such, the request for arthroscopy with partial medial meniscectomy and synovectomy is not supported and the medical necessity of the request has not been established.