

<b>Case Number:</b>	CM14-0116985		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 46-year-old gentleman who developed left knee pain on 12/20/12 when he slipped and fell. The medical records provided for review included the report of the November, 2013, plain film radiograph showing medial joint space narrowing and osteophyte formation consistent with degenerative arthritis. Conservative treatment to date has included injections, physical therapy, medication management and home exercises. The report of clinical evaluation on 06/20/14 revealed persistent knee complaints for which the claimant has continued to utilize medications. Physical examination showed pain with resisted knee extension. No other clinical findings were documented in the report but it was noted that the claimant had previously undergone a right knee arthroscopy for diagnostic purposes in April, 2014. Reviewed at that time was a Computed Tomography (CT) arthrogram of the left knee showing medial joint space narrowing, osteophyte formation and spurring. There is no documentation identifying meniscal pathology. This request is for left knee arthroscopy, meniscectomy and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopic Partial Medial Meniscectomy vs. Repair, Chondroplasty and Debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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

**Decision rationale:** California ACOEM Guidelines do not support the request for Left Knee Arthroscopic Partial Medial Meniscectomy versus Repair, Chondroplasty and Debridement as medically necessary. The medical records describe the claimant's clinical presentation consistent with degenerative arthritis with significant medial joint space narrowing but there is no documentation of formal meniscal pathology on imaging. The ACOEM Guidelines clearly indicate that arthroscopy and meniscal surgery yields less than satisfactory outcomes in the setting of degenerative findings. Given the claimant's clinical presentation and lack of imaging to support acute meniscal tearing, the request for the surgery is not medically necessary.