

<b>Case Number:</b>	CM14-0120136		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 male who sustained a vocational injury on 04/18/13. The medical records documented that the claimant subsequently underwent anterior cruciate ligament reconstruction with both partial medial and lateral meniscectomies on 09/16/13. The report of an MRI of the right knee dated 05/21/13, which was prior to the surgery, showed a degenerative tear of the entire medial meniscus, free edge tearing of the posterior horn of the lateral meniscus, proximal patellar tendinosis, chronic tear of the anterior cruciate ligament and chondromalacia of the knee. At that time the results were noted to be large subcortical cystic change at the insertion of the cruciate ligament to the tibia with an associated edema, most compatible with sequelae from the prior trauma related to anterior cruciate ligament tearing. The most recent office note dated 07/15/14, described complaints of right knee pain. On exam, there was moderate tenderness to palpation of the well circumscribed cystic mass medial to the tibial tuberosity adjacent to a well healed surgical scar. There was no erythema or evidence of infection. McMurray's tests were found to be negative. Diagnosis was right knee joint pain with a ganglion cyst. Conservative treatment to date included physical therapy, Tylenol #3, anti-inflammatory. It is noted that the claimant had at least one previous aspiration and injection for about 7cc of gelatinous fluid from the area for concern of the cyst. Previous ultrasound examination on 05/28/14 did confirm a cystic mass of the medial aspect of the right tibia. The current request is for a right knee arthroscopy with meniscectomy and knee cyst excision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with Meniscectomy, knee cyst excision:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** California ACOEM Guidelines note that in addition to clear signs of a bucket handle tear on examination, there should be confirmation and consistent findings on MRI of meniscal pathology which may be amenable to surgical intervention. Currently, there is no recent updated study confirming meniscal pathology which may be amenable to surgical intervention. In addition, there is a lack of abnormal objective physical examination findings firmly confirming the fact that the claimant has meniscal pathology which may be amenable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with the California ACOEM Guidelines, the request for the right knee arthroscopy with meniscectomy and knee cyst excision cannot be considered medically necessary.