

<b>Case Number:</b>	CM14-0120825		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 33-year-old male who sustained a vocational injury to his knee on April 1, 2014 while working as a roofer. The medical records provided for review included the office note dated July 1, 2014 noting left knee pain, buckling and popping with some improvement following a steroid injection. Physical examination revealed range of motion of zero to 120 degrees, a Lachman grade II with a soft endpoint, tenderness of the medial joint line and a positive McMurray's test with pain. Diagnosis was left knee pain, refractory to conservative treatment. The report of the MRI of the left knee dated May 8, 2014 showed mild to moderate edema in the superolateral aspect of Hoffa's fat pad suggestive of altered patellar tracking. There was a small popliteal cyst without fluid leakage and a small ossicle adjacent to the tibial tuberosity posterior to the distal aspect of the patellar tendon most consistent with sequelae of old Osgood-Schlatter disease without edema within the ossicle or surrounding soft tissues. The medical records indicate that conservative treatment to date has included antiinflammatories, narcotics, physical therapy sessions and one injection which did not provide significant relief. This review is for the request for left knee partial medial meniscectomy with debridement as an outpatient surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient surgery: left knee partial medial meniscectomy with debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter.

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

**Decision rationale:** The California ACOEM Guidelines recommend that prior to considering surgical intervention of a meniscectomy, there should be clear symptoms other than simply pain with consistent findings on MRI. The MRI report for review dated May 8, 2014 fails to identify meniscus pathology in the left knee and subsequently. The request for surgical intervention for left knee arthroscopy with partial medial meniscectomy as an outpatient procedure is not medically necessary.