

<b>Case Number:</b>	CM14-0131594		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Texas. 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:

This 55-year-old female housekeeper sustained an industrial injury on 1/27/14. Injury occurred while she was cleaning a tub. She leaned forward with her upper body weight and felt a burning, stabbing, and popping pain in the right knee with immediate onset of swelling. The 2/22/14 right knee magnetic resonance imaging scan impression documented a meniscal tear involving the posterior horn and body of the medial meniscus extending to the inferior articular surface. There was mild joint space narrowing with thinning of the articular cartilage in the medial and patellofemoral compartments. Conservative treatment included bracing, activity modification, rest, ice, and medications. The 6/7/14 treating physician report cited constant grade 8/10 left knee pain with weakness, giving way, swelling, numbness, locking and grinding of the right knee. The pain was aggravated with bending, lifting, twisting, squatting, standing, walking, reaching, and sleeping. Physical exam documented ambulation with a cautious gait, difficulty with squat and duck walk, and no significant varus or valgus deformity. There was no significant swelling or joint effusion. There was right medial knee tenderness. Right knee range of motion was 0-90 degrees. McMurray's and Apley's tests were positive on the right. Chandler's squat test was positive on the right. The treatment plan indicated the injured worker was awaiting authorization for right knee arthroscopy. The 8/4/14 utilization review denied the request for right knee arthroscopy as there was no available documentation relative to mechanical symptoms, physical exam findings, or failure of conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy Surgery: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This injured worker presents with mechanical symptoms and clinical exam findings consistent with imaging evidence of a meniscal tear. Significant functional limitation is noted preventing return to work. Evidence of 7-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Records documented guideline required mechanical symptoms and clinical exam findings consistent with meniscal tear. Therefore, this request is medically necessary.