

<b>Case Number:</b>	CM14-0172551		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2014

### 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 Surgeon and is licensed to practice in Massachusetts, Nebraska & 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:

The injured worker is a 46-year-old female who reported an injury on 06/15/2010. The mechanism of injury was not stated. The current diagnoses include left knee medial meniscus tear, left knee lateral meniscus tear, and left knee chondromalacia patella. The injured worker was evaluated on 09/08/2014 with complaints of left knee pain. The physical examination is handwritten and mostly illegible. There was positive instability noted. The treatment recommendations at that time included surgery to the left knee. Previous conservative treatment is noted to include physical therapy, medications, and activity modification. The injured worker is also noted to be status post right total knee replacement in 2013. A Request for Authorization form was then submitted on 10/01/2014. It was noted that the injured worker underwent an MRI of the left knee on 08/16/2014, which indicated intact menisci and ligaments with a flattened trochlear notch, 4 mm of lateral patellar subluxation, and a moderate sized knee effusion. The injured worker also underwent an x-ray of the left knee on 07/24/2014, which indicated degenerative joint disease in the left knee with a small joint effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Medial and Lateral Menisectomies, Chondroplasty.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee & Leg Chapter, Chondroplasty

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. The injured worker's physical examination only revealed positive instability. There was no documentation of locking, popping, giving way, recurrent effusion, tenderness over the suspected tear, or a lack of full passive flexion. Additionally, the injured worker's MRI of the left knee on 08/16/2014 indicated intact menisci and ligaments. The Official Disability Guidelines state, prior to a chondroplasty, there should be documentation of a chondral defect on MRI. The physical examination should reveal effusion, crepitus, or limited range of motion. Based on the clinical information received and the above mentioned guidelines, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate.