

<b>Case Number:</b>	CM14-0173513		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 New York. 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 patient has chronic knee pain. The most recent MRI of the knee shows evidence of signal changes in the posterior horn of the meniscus without evidence of frank tear. The patient's history he does not report any complaints of knee locking giving way or recurrent effusion. On physical examination the patient does have a positive McMurray test and medial joint line tenderness. The patient continues to have knee pain despite conservative measures. At issue is whether arthroscopic surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with meniscus repair versus partial meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The patient does not meet the MTUS ACOEM guideline criteria for arthroscopic meniscal repair or meniscectomy surgery. Specifically, the patient's MRI does not demonstrate significant meniscal tear. The medical records do not document adequate trial and failure of conservative measures for the treatment of knee pain to include a recent trial and

failure of physical therapy. Most importantly, the MRI does not demonstrate evidence of frank meniscal tear. Since there is no correlation between MRI and the patient stated diagnosis of meniscal tear, meniscal repair surgery is not medically necessary.