

<b>Case Number:</b>	CM14-0180844		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 injured worker is a 49-year-old male with an industrial injury dated 01/20/09. Conservative treatments have included physical therapy, medication, and a left ankle brace. An exam note dated 09/12/14 states the patient had a right knee arthrogram done in which reveals that the prior ACL repair is in fact stable. Also an exam note dated 09/26/14 states the patient continues to have right knee pain and swelling. Upon physical exam there was evidence of tenderness surrounding the knee with a popliteal cyst. It is noted that the patient has a medial meniscus tear posterior horn, apical tear of anterior horn, lateral meniscus cleavage tear vs. myxoid change posterior horn and a Baker's cyst in which is 6cm. Diagnosis is noted as low back pain, right knee strain, and left ankle strain. Treatment includes a right knee arthroscopy, medial and lateral meniscectomy, and chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee arthroscopy, medial and lateral meniscectomy, chondroplasty and excision Baker's Cyst outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee and Leg section, Meniscectomy

**Decision rationale:** The CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to the ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 9/26/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.