

<b>Case Number:</b>	CM14-0183848		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Orthopaedic 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:

This 57-year-old female sustained an industrial injury on 11/20/12. She was employed as a credit union member services representative. Past medical history was positive for diabetes, obesity, hypertension, and gout. She underwent left knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty of the medial femoral condyle, patelloplasty, partial synovectomy, and removal of loose bodies with intra-articular injection on 4/15/13. She underwent 12 visits of post-op physical therapy and returned to modified work on 7/21/13 and subsequent full duty as of 8/1/13. Records indicated that the patient reported difficulty with work duties. She initiated chiropractic treatment in September 2013 for her knee and neck, and had undergone some acupuncture. The 11/14/13 left knee MR arthrogram impression stated the articular cartilage on the mid patellar articular surface demonstrated a full thickness fissure with width varying from 1 to 2 mm. The articular cartilage adjacent to the fissure, both medially and laterally, was separated from the underlying periosteum, exposing cortical bone 4 mm wide and deep with mild bone edema. The posterior horn of the medial meniscus had undergone meniscectomy, but demonstrated a recurrent tear that extended to the inferior articular surface. The 8/14/14 chiropractic treating physician report cited left knee and cervical spine complaints. The patient was not taking pain medications. Left knee exam documented global tenderness, medial joint line pain to palpation, range of motion -1 to 115 degrees, and positive McMurray's test. The diagnosis included medial meniscus tear with articular cartilage damage on the left. The treatment plan included follow-up with the orthopedic surgeon. No physical medicine treatment was noted. The 9/24/14 orthopedic report indicated the patient was doing poorly. She complained of locking and catching of her left knee, and stated it was giving out on her. She had global tenderness. The left knee MRI showed a large recurrent medial meniscus tear. The treating physician reported appropriate non-operative treatment, including physical therapy,

medications, injections, bracing, and rest without sustained improvement. Authorization was requested for a diagnostic and operative arthroscopy of the left knee. The 10/23/14 utilization review denied the request for left knee partial medial meniscectomy as there was no detailed documentation of conservative treatment in the post-operative period. Six visits of physical therapy were additionally approved as a conservative treatment trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Knee Arthroscopy/Surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

**Decision rationale:** The California MTUS 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. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. The treating physician reported failure of conservative treatment including physical therapy, medications, injections, bracing and rest, but no details of the time frame of such care were provided. Detailed evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial, including focused physical therapy/exercise and medications/injections, and failure has not been submitted. Therefore, this request is not medically necessary.