

<b>Case Number:</b>	CM14-0091507		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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:

The patient is a 36 year old male who sustained an industrial injury on 11/07/2013, resulting from a twisting right knee injury while exiting patrol car. He is status post right knee arthroscopy and partial medial meniscectomy performed on 1/23/2014. Treatment has included NSAIDS and post-op PT. Operative report dated 1/23/2014 documents the medial meniscus was found to have tear of the mid to posterior third meniscus radial type extending from the edge to the attachment. The rest of the meniscus is intact. Chondral surfaces are intact. There was some mild reactive synovitis in the area. A partial medial meniscectomy was done with good transition from the torn area posteriorly and anteriorly to the remaining intact meniscus posteriorly and anteriorly. He was found to have intact anterior and posterior cruciate ligament, intact lateral meniscus with intact chondral surfaces. MRI of the right knee dated 3/24/2014 revealed: Postsurgical changes from prior partial medial meniscectomy without definite evidence of re-tear; Grade 1 medial collateral ligament injury; osseous hyperemia in the medial femoral condyle, which may be related to instability without definite evidence of stress fracture; small OCD in the medial femoral condyle with underlying osseous hyperemia; small joint effusion. Handwritten PR-2 dated 6/30/2014 documents complaint of frequent constant-slight moderate pain. Objective findings are tender medial femoral condyle, full ROM, mild effusion, stable, negative McMurray. Recovery delayed by post-operative plica formation causing pain and disability. Recommend surgery. Patient TTD. Patient unable to run, climb, squat without pain. A hand-written orthopedic PTP PR-2, dated 7/14/2014 documents the patient complains of frequent moderate pain. Physical examination documents tender medial joint line and medial-patellofemoral joint, no effusion, full ROM, and stable knee. Diagnoses are right knee: internal derangement, medial meniscus tear, and plica. Requests approval for surgery. Patient is temporary total disability status.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee plica resection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344-345.  
Decision based on Non-MTUS Citation Official Disability Guidelines no chapter noted.

**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), Arthroscopy <http://www.methodistorthopedics.com/plica-syndrome>.

**Decision rationale:** ODG Indications for Surgery-- Diagnostic arthroscopy:Criteria for diagnostic arthroscopy:1. Conservative Care: Medications. OR Physical therapy. PLUS2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS3. Imaging Clinical Findings: Imaging is inconclusive.The medical records do not establish there is any plica defect present on imaging study or arthroscopy. The majority of patients improve without surgery. Ice and NSAIDS to reduce swelling/inflammation, and gentle ROM and thigh tightening exercises are effective. There is no clear indication of a surgical lesion. In addition, the medical records do not establish failure and exhaustion of reasonable non-operative, conservative measures. The medical necessity of surgery has not been established.

**right knee arthroscopy synovectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344-345.  
Decision based on Non-MTUS Citation Official Disability Guidelines no chapter noted.

**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, Chondroplasty.

**Decision rationale:** ODG Indications for Surgery-- Chondroplasty:Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:1. Conservative Care: Medication. OR Physical therapy. PLUS2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS4. Imaging Clinical Findings: Chondral defect on MRIThe medical records do not establish the existence of surgical lesion demonstrated on MRI. In addition, the minimal subjective and objective findings do not support the need for surgery. The medical records also do not establish all reasonable non-operative conservative measures have been tried and exhausted.