

<b>Case Number:</b>	CM14-0213902		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 63-year-old male who reported an injury on 09/25/2014. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degenerative joint disease, right posterior horn medial meniscal tear, bulging disc at L4-5 and L5-S1. Treatment consists of medication therapy. Medications consist of tramadol and Naprosyn. No diagnostics were submitted for review. On 09/24/2014, the injured worker complained of right knee pain and low back pain. Physical examination of the back revealed 60 degrees of flexion and 10 degrees of extension. Straight leg raising was negative. Ankle dorsi and plantarflexion were 5/5. Examination of the right knee revealed that there was crepitation on range of motion. There is medial joint line tenderness as well as positive McMurray's. Medical treatment plan is for the injured worker to undergo knee arthroscopy with medial meniscal repair. No Request for Authorization form was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with medial meniscal repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Indications for surgery-meniscectomy

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

**Decision rationale:** The request for right knee arthroscopy with medial meniscal repair is not medically necessary. The MTUS/ACOEM Guidelines recommend for surgical consideration, activity limitation for more than 1 month, and failure of exercise program to increase range of motion and strength of the musculature around the knee. 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 effusions); clear signs of bucket handle tear on examination (tenderness over the suspected tear, but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. There were no diagnostics submitted for review indicating that the injured worker had a meniscal tear. Additionally, physical examination of the knee noted crepitation on range of motion, medial joint line tenderness, as well as a positive McMurray's test. There was no indication of locking, popping, giving way, or recurrent effusion. There was also no indication of bucket handle tear on examination. Furthermore, it is unclear whether the injured worker underwent a trial of conservative care treatment to include physical therapy. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.