

<b>Case Number:</b>	CM15-0006591		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53-year-old male who sustained an industrial injury on 9/30/13, relative to cumulative trauma. Past surgical history was positive for left knee arthroscopy in 1980. The 3/20/14 left knee MRI impression documented prior anterior cruciate ligament repair with mild degeneration of the tendon and findings suggestive of a cyclops lesion. There was degeneration of the posterior cruciate ligament, and medial meniscus tear at the anterior root insertion with associated meniscal cyst. The findings noted prior lateral meniscectomy with findings suggestive of a tear. There was mild thinning of the articular cartilage of the lateral femoral condyle, and thickening of the lateral patellar retinaculum consistent with fibrotic change. Conservative treatment included activity modification, bracing, and medications. The 12/12/14 treating physician report cited bilateral knee pain with weakness and grinding in both knees, and swelling and giving way of the left knee. He had difficulty walking, standing, lifting, and squatting due to knee pain. Left knee exam documented thigh atrophy but 5/5 lower extremity strength. Range of motion was 0-115 degrees on the left with 40% squat, medial joint line tenderness, and positive McMurray's. Left knee x-rays showed chondrocalcinosis of both the medial and lateral meniscus, but no significant joint narrowing. The treatment plan recommended left knee arthroscopy. On 12/30/14, utilization review non-certified a request for left knee arthroscopy, based on no documentation of recent conservative treatment failure or an imaging report. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines Chapter 13 knee complaints were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**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 and Leg: Meniscectomy.

**Decision rationale:** The California MTUS 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 been met. This patient presents with persistent function-limiting left knee pain with swelling and giving way. Clinical exam findings are consistent with imaging evidence of a "cyclops lesion" and medial meniscus tear. Reasonable conservative treatment, including bracing, activity modification, and medications, have been tried and failed. Therefore, this request is medically necessary.