

<b>Case Number:</b>	CM15-0113147		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California, Indiana, Oregon  
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 40 year old female, who sustained an industrial injury on June 5, 2012. She reported left knee pain, low back pain, neck pain and left shoulder pain. The injured worker was diagnosed as having lumbar spondylosis, left knee lateral meniscus tear with subluxation of the patella, cervical pain with upper extremity symptoms, left shoulder pain and headache. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of left knee pain, low back pain with associated bilateral lower extremity pain, left worse than right, neck pain and left shoulder pain with associated headaches. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain as noted. It was noted she would be referred to the appropriate physician for treatment and evaluation of the headaches. She reported continued decreased range of motion in the left knee and continued bilateral lower extremity pain. Left knee arthroscopy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of the left knee (as related to left knee lateral meniscus tear with subluxation of patella): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** 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 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 there is no MRI evidence submitted of a meniscus tear. Therefore, the request is not medically necessary.