MAXIMUS Federal Services

| Case Number: | CM15-0119421 | | |
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| Date Assigned: | 06/29/2015 | Date of Injury: | 03/05/2015 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/21/2015 |

## 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 57 year old male, who sustained an industrial injury on 3/05/2015. He reported feeling a pop in his left knee while moving appliances. The injured worker was diagnosed as having derangement of posterior horn of medial meniscus, knee pain, synovitis of knee, and effusion of lower leg joint. Treatment to date has included diagnostics, modified activity, and an immobilizer. Currently, the injured worker complains of continued pain in the left knee, increased when going up or down stairs. He stated he only felt better with rest and activity avoidance or modification. Currently he was not taking medication. Exam of the left knee noted positive small effusion, some posterior medial joint line tenderness, positive McMurray's test, and range of motion -3 to 130 degrees. Magnetic resonance imaging of the left knee was documented as revealing a complex medial meniscus tear, near the posterior one third portion, mild degenerative changes, and positive effusion. The treatment plan included video arthroscopy, medial meniscectomy, synovectomy, and chondroplasty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Video arthroscopy, medial meniscectomy, synovectomy and chondroplasty:** Upheld

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

Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Knee & Leg (Acute & Chronic) (updated 05/05/15).

**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); clear signs of a 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. In this case, the MRI demonstrates osteoarthritis of the knee. The ACOEM guidelines state that, Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. As the patient has significant osteoarthritis the request is not medically necessary.