

<b>Case Number:</b>	CM15-0120092		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Minnesota, Florida  
 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 50 year old male, who sustained an industrial injury on 12/1/14. The injured worker has complaints of right knee pain and low back pain. The documentation noted that physical exam of the right lower extremity, compartments of the leg and thigh are soft, there is crepitus noted in the knee with tenderness to palpation. The diagnoses have included right knee complex degenerative medial meniscal tear, and chondromalacia. Treatment to date has included magnetic resonance imaging (MRI) showed degenerative complex medial meniscal tear, chondromalacia of the patella and the medial femoral condyle, ligaments and lateral meniscus intact; physical therapy; home exercise program and right shoulder surgery from another claim. The request was for one right knee scope with partial medial meniscectomy and chondroplasty; one assistant physician assistant and one medical clearance with pre-operative electrocardiogram and labs. The request was noncertified by UR citing CA MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right knee scope with PMM (partial medial meniscectomy) and chondroplasty: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis; chondroplasty.

**Decision rationale:** The injured worker is a 50-year-old male with evidence of chondromalacia and a degenerative tear of the medial meniscus of the right knee. The provider has requested a medial meniscectomy and chondroplasty of the right knee. The documentation indicates that the injured worker was not able to participate in an exercise rehabilitation program for his knee. California MTUS guidelines indicate referral for surgical consultation may be indicated for patients who have failed to increase range of motion and strength of the musculature around the knee with exercise programs. In this case the documentation does not indicate participation in an exercise rehabilitation program for the knee. With regard to arthroscopic partial medial meniscectomy in the presence of degenerative changes in the joint, the guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial. With regard to shaving of chondromalacia, the California MTUS guidelines indicate with respect to the patella, its efficacy is questionable. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. For degenerative meniscal tears, arthroscopic surgery was not superior to supervised exercise alone in randomized controlled trials. Therefore a partial medial meniscectomy is not supported. With regard to chondroplasty the guidelines indicate that it is not recommended in the presence of osteoarthritis. As such, the request for arthroscopy with partial medial meniscectomy and chondroplasty is not supported and the medical necessity of the request has not been substantiated.

**1 assistant PA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 medical clearance with pre-operative EKG and labs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.