

<b>Case Number:</b>	CM15-0122179		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 was a 59 year old male, who sustained an industrial injury December 8, 2014. The injury was sustained when the injured worker fell through a porch floor. The injured worker previously received the following treatments Celebrex, Prilosec, Tramadol, Voltaren, Tramadol, physical therapy, left knee MRI which showed low degenerative changes medial compartment, lateral compartment and patellar articular surface and left knee x-rays. The injured worker was diagnosed with left knee mild degenerative joint disease and left lateral meniscus tear. According to progress note of March 3, 2015, the injured worker's chief complaint was left knee soreness, stiffness, swelling, aching, with occasional twinges and weakness. The injured worker's pain was in the lateral plateau region and at the medial plateau region. The symptoms were made worse with returning to normal activities and long periods of standing or walking. The physical exam of the left knee noted tenderness of the lateral joint line (diffusely along the lateral joint line without specific trigger points) and the medial joint line (diffusely along the medial joint line without specifics). There was minimal swelling at the anterior aspect of the knee. The patellofemoral compression testing was positive for pain and crepitus. The medial collateral ligament stress test caused tenderness. Medial Apley's test was positive. The treatment plan included left knee arthroscopic surgery for partial meniscectomy and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee lateral meniscectomy: Upheld**

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

**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 from 4/22/15 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 based on the MRI of 4/22/15, the request is not medically necessary.