

<b>Case Number:</b>	CM15-0126773		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 67 year old male with an industrial injury dated 01/30/2009. The injured worker's diagnoses include lower leg unspecified arthropathy, current tear of lateral cartilage or meniscus of knee, lower leg other specified arthropathy, and left baker's cyst of knee. Treatment consisted of diagnostic studies, prescribed medications, cortisone injection, and periodic follow up visits. In a progress note dated 05/12/2015, the injured worker reported swelling in left knee with no pain. Objective findings revealed boggy swelling medially, positive Baker's cyst post, positive effusion, and mild crepitus. X-ray revealed mild varus degenerative joint disease, left greater than right. The current diagnosis consisted of new lateral meniscus (LM) tears since scope ten months ago with persisting effusions and cyst formation medial aspect of left knee. The treating physician prescribed services for arthroscopy of the left knee with partial lateral meniscectomy now under review.

### 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 with partial lateral meniscectomy:** 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" and 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, the MRI of 3/26/15 shows no evidence of clinically significant meniscus tear reliably improved by surgery. Based on this the request is not medically necessary.