

<b>Case Number:</b>	CM15-0126982		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 58 year old male, who sustained an industrial injury on 2/26/10. The injured worker was diagnosed as having chronic right knee pain and status post right lee lateral meniscectomy on 10/25/10. Treatment to date has included home exercise, a right knee Synvisc injection, and medication. A MRI of the right knee obtained on 1/19/15 revealed medial and lateral meniscal tears, a small joint effusion, and patellofemoral osteoarthritis changes. Physical examination findings on 4/21/15 included mild varus, 1-2+ crepitus in the patellofemoral joint and exquisite pain along the medial joint line and medial tibial plateau. Steinmann's, grind, and McMurray's signs were positive. Anterior drawer and Lachman's tests were negative. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for arthroscopic surgical repair of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic surgical repair of the right knee:** 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); 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 1/19/15 demonstrates osteoarthritis of the knee particularly in the patellofemoral joint which would cause the difficulty with stairs. 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.