

<b>Case Number:</b>	CM15-0039715		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 59 year old male who sustained an industrial injury on 07/09/2012. The injury is documented as occurring while operating a fork lift. During the separation of pallets the tug he was operating "lurched and jumped" hitting his foot against a metal wall and the tug resulting in a crush injury with a valgus stress to the right foot and ankle. He also suffered a valgus strain to right knee. He presented on 02/12/2015 for follow up. The provider notes the injured worker has a torn medial meniscus and continues to be symptomatic over the medial joint space. Treatment to date includes MRI of right foot and MRI of right knee, medications, knee brace, podiatry consult, physical therapy, acupuncture and custom foot orthotics. Current treatment includes medications and a request for surgery. The MRI report of December 2014 documents an undisplaced horizontal tear of the posterior horn of the medial meniscus. A prior MRI also documented medial compartment and patellofemoral chondromalacia. The surgical request was non-certified by UR citing MTUS and ODG guidelines. An appeal letter is considered for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic partial medial meniscectomy Qty 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 345.

**Decision rationale:** The issue is whether a horizontal tear of the posterior horn in the presence of patellofemoral syndrome and medial compartment chondromalacia should be removed by means of partial meniscectomy in an active person capable of performing ADLs and exercising independently. And if so, will that relieve medial compartment pain or make it worse. MRI scan of the right knee dated 12/18/2014 is reported to show a horizontal tear along the posterior horn with extension from the periphery to the intra-articular margin of the medial meniscus. The lateral meniscus is intact. The anterior horn is intact. The medial and lateral collateral ligaments are normal in appearance. Suprapatellar enthesophyte is present. There is no significant joint effusion. There is no popliteal cyst. A follow-up examination on 12/18/2014 indicated very few clinical symptoms at that time. In particular, there were no mechanical symptoms documented. A partial medial meniscectomy was discussed. Per available documentation a prior MRI of the right knee dated 5/2/2014 revealed cartilage fissuring and chondromalacia of the medial compartment of the right knee. Per QME of January 10, 2015 there were prior degenerative changes on the MRI scan and a probable new injury regarding the medial meniscus. A QME of 9/19/2014 documented a flap tear of posterior medial meniscus, right knee, fissuring of the articular surface of the medial tibial plateau and femur, and clinically evident patellofemoral compression syndrome with probable chondromalacia of the medial patellofemoral articulation of the right knee. The diagnosis was based upon the MRI report of the right knee dated 5/2/2014. The pain was in the medial joint line and in the medial patellofemoral articulation of the right knee. There is a letter of appeal of denial dated March 3, 2015 from the provider. The letter indicates failure of conservative treatment with regard to the right knee and continuing symptoms. However, the symptoms are not detailed and there is no documentation of locking, popping, giving way, or other mechanical symptoms. There is no recurrent effusion documented. There is no doubt about the horizontal tear of the posterior horn of the medial meniscus which is documented on the latest MRI scan of December. However, the question at this time is whether it needs to be resected and if so, will that improve the situation with regard to the knee or accelerate the underlying chondromalacia of the medial compartment that has been documented in the first MRI report. The horizontal tear is a manifestation of degenerative change within the meniscus with myxoid degeneration and degradation of the collagen fibers related to matrix metalloproteinases secreted by the chondrocytes and the synovial macrophages in the joint. Horizontal tears by definition are degenerative tears and most of them remain asymptomatic unless they are displaced at which time mechanical symptoms may necessitate surgery. The injured worker also has clear evidence of patellofemoral syndrome as documented in the QME report. Patellofemoral syndrome is a difficult issue not easily treated by surgery according to California MTUS guidelines. The guidelines also indicate arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. It may be better to retain the protective effect of the meniscus and not resect the horizontal tear which extends to the periphery and will violate the stabilizing property of the meniscus if the entire tear is resected. In light of the foregoing, the request for arthroscopy

and partial medial meniscectomy is not supported, and the medical necessity of the request has not been substantiated.

**Per-operative CBC, UA, Chest X-ray Qty 1.00:** 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.