



and an old Baker's cyst 6 x 7 cm of the posteromedial aspect of the knee. The third MRI dated 12/01/09 has previously been dictated. Dr. Murata saw this patient on 12/14/09 with anterior and lateral knee pain. There was tenderness of the patellofemoral joint and the lateral joint line. There was a palpable lateral meniscal cyst. The most recent MRI study was dictated into his record.

Documents submitted for review:

- Medical report dated 12/11/09, 08/22/08
- Knee MRI dated 04/07/09
- Operative Report dated 09/28/08

Rationale/UR Determination: California MTUS does not specifically address the issue. ODG, Knee Chapter, diagnostic arthroscopy section; ODG Indications for Surgery states "Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications. OR Physical therapy. PLUS 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS 3. Imaging Clinical Findings: Imaging is inconclusive." ODG Indications for Surgery -- Meniscectomy states "Conservative Care: Physical therapy. OR Medication. OR Activity modification. PLUS Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS . Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI."

ODG criteria for arthroscopic surgery were read and conditions are met. This patient has failed conservative treatment. She has persistent pain. Objectively, she has a finding of a palpable meniscal cyst. The imaging studies of 12/01/09 confirm that she has this meniscal cyst as well as re-tear of the lateral meniscus. Therefore, this surgery is certified.

Guidelines/Criteria Used:

California MTUS does not specifically address the issue.

§ 9792.21. Medical Treatment Utilization Schedule

(c) Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10.

§ 9792.25. Presumption of Correctness, Burden of Proof and Strength of Evidence.

(a) The MTUS is presumptively correct on the issue of extent and scope of medical treatment and diagnostic services addressed in the MTUS for the duration of the medical condition. The presumption is rebuttable and may be controverted by a preponderance of scientific medical evidence establishing that a variance from the schedule is reasonably required to cure or relieve the injured worker from the effects of his or her injury. The presumption created is one affecting the burden of proof.

(b) For all conditions or injuries not addressed by the MTUS, authorized treatment and diagnostic services shall be in accordance with other scientifically and evidence-based medical treatment guidelines that are nationally recognized by the medical community.