

Case Number:	CM13-0027042		
Date Assigned:	11/22/2013	Date of Injury:	09/01/1995
Decision Date:	01/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant presents with a history of a previous anterior cruciate ligament reconstruction in 2001 and a partial medial meniscectomy in 2009. The claimant is reported to have degenerative and post-traumatic arthritis of the right knee. The records suggest that the claimant has not undergone any recent treatment for underlying arthritis. The claimant notes recent complaints of pain and stiffness, and there is no indication that the claimant has symptomatic mechanical symptoms in the knee. Exam simply shows findings consistent with arthritis with an effusion and reports of "palpable spurring." The claimant is noted to have a slight varus angulation, and records suggest that the claimant has significant medial joint space collapse.

IMR ISSUES, DECISIONS AND RATIONALES

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

right knee arthroscopic surgery with debridement synovectomy, chondroplasty possible meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: In this setting, arthroscopy is not generally warranted in the absence of significant mechanical symptoms. In fact, arthroscopy is generally contraindicated to treat meniscal pathology in the absence of mechanical symptoms. Studies have shown no long term improvement for arthroscopic debridement of the knee in the presence of significant joint space collapse and arthritis. The requested surgical procedure would not generally be performed unless patients fail conservative treatment for their arthritic complaints and have associated mechanical symptoms. For these reasons, the requested surgery cannot be recommended as medically necessary.

Orthovisc injections 1 x week for 3 weeks after surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

Decision rationale: CA MTUS does not address this requested service. In general, and with reference to Official Disability Guidelines, the management of arthritis includes exercises, anti-inflammatory medication, weight loss, and often a corticosteroid injection. When patients fail these treatment measures and have osteoarthritis, viscosupplementation may be indicated. The lack of other conservative treatment as per the records reviewed suggests that viscosupplementation would not be appropriate as an initial treatment for the claimant's arthritic condition. Orthovisc cannot be recommended as medically necessary at this point without attempting other conservative treatment first.