

<b>Case Number:</b>	CM13-0029500		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/20/1987
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 California. 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 is a 58-year-old gentleman injured in work related accident on 04/20/87. He sustained an injury to the right knee for which he is with a prior history of ACL reconstruction. Recent clinical records reviewed include an October 3, 2013 assessment indicating a report with [REDACTED] for follow up of his knee complaints. He describes locking and catching with a physical examination demonstrating moderate crepitation, no instability, no evidence of loose bodies and a normal sensation exam. He was diagnosed with "loose bodies." Surgical intervention in the form of a knee arthroscopy, debridement, synovectomy and meniscectomy was recommended for further treatment. Recent imaging for review includes a 08/28/13 MR arthrogram of the right knee that showed advanced tricompartmental degenerative osteoarthritis with grade IV changes noted of the medial femoral condyle as well as diffuse grade IV changes noted laterally. There was noted to be prior history of partial medial meniscectomy with severely diminished meniscal body and essentially "nonexistent" posterior horn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Arthroscopic Meniscectomy Versus Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-345.

**Decision rationale:** Based on California ACOEM Guidelines, the role of operative intervention in this case cannot be supported. California ACOEM Guidelines does not recommend the role of surgical arthroscopy for the purpose of meniscectomy in the setting of advanced degenerative arthritis. The claimant's recent MR arthrogram demonstrates an endstage degenerative knee both medially and laterally for which the role of surgical arthroscopy would not be indicated. It should also specifically be noted that the MRI report fails to demonstrate any evidence of meniscal pathology of an acute nature. The role of surgical arthroscopy in this significantly arthritic individual with no documentation of acute findings would not be indicated.

**Possible Debridement, Synovectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-345.

**Decision rationale:** Based on California ACOEM Guidelines, the role of operative intervention in this case cannot be supported. California ACOEM Guidelines does not recommend the role of surgical arthroscopy for the purpose of meniscectomy in the setting of advanced degenerative arthritis. The claimant's recent MR arthrogram demonstrates an endstage degenerative knee both medially and laterally for which the role of surgical arthroscopy would not be indicated. It should also specifically be noted that the MRI report fails to demonstrate any evidence of meniscal pathology of an acute nature. The role of surgical arthroscopy in this significantly arthritic individual with no documentation of acute findings would not be indicated.

**Chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-345.

**Decision rationale:** Based on California ACOEM Guidelines, the role of operative intervention in this case cannot be supported. California ACOEM Guidelines does not recommend the role of surgical arthroscopy for the purpose of meniscectomy in the setting of advanced degenerative arthritis. The claimant's recent MR arthrogram demonstrates an endstage degenerative knee both medially and laterally for which the role of surgical arthroscopy would not be indicated. It should also specifically be noted that the MRI report fails to demonstrate any evidence of meniscal pathology of an acute nature. The role of surgical arthroscopy in this significantly arthritic individual with no documentation of acute findings would not be indicated.

**Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California ACOEM Guidelines the role of medical clearance would not be indicated. The need of operative intervention in this case has not been established, thus negating the need for preoperative medical clearance or assessment.

**Electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure: Preoperative electrocardiogram (ECG)

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria, electrocardiogram would not be indicated. EKG would not be indicated for preoperative assessment as the need for operative intervention in this case has not been established.

**Labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure: Preoperative lab testing

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria; preoperative labs are also not indicated. The role of surgical intervention has not been established in this case, thus negating the need for preoperative testing.

**Post-operative Physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, postoperative therapy would not be indicated as the need for operative intervention in this case has not been established.

**Game Ready Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates:: knee procedure -Game Ready accelerated recovery system

**Decision rationale:** California MTUS Guidelines are silent, when looking at Official Disability Guidelines criteria; a Game Ready unit would not be indicated. Official Disability Guidelines does not recommend the role of Game Ready devices or any combination therapy devices in the postoperative setting. Furthermore, the role of operative intervention in this case has not been established, thus negating the need for this postoperative device.