

<b>Case Number:</b>	CM14-0132057		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/17/1996
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice 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 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/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:

67 year old male claimant with an industrial injury dated 09/17/96. Conservative treatments have included multiple cortisone injections and Viscosupplementation. MRI of the right knee dated 01/31/14 demonstrates an oblique tear of the posterior horn of the medial meniscus involving the inferior articular surface and free edge extending into the body, intrameniscal degeneration in the lateral meniscus with horizontal cleavage tear of the posterior horn and a small radial tear component or degenerative fraying, mild to moderate tricompartmental osteoarthritis with areas of more focal chondral denudation along the weight bearing surface, and a small joint effusion and liquid fluid in the deep infrapatellar bursa. Exam note 07/11/14 states the patient returns with knee pain and swelling. Upon physical exam there was evidence of mild to moderate effusion of both knees and tenderness along both medial joint lines in which increases with McMurray's test. The patient underwent aspiration and cortisone injections in both knees. Diagnosis is noted as degenerative disc disease of the knee. Treatment includes bilateral knee arthroscopy and debridement, and post-operative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral knee arthroscopy and debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 343, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, Maniscectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): pages 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

**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 1/31/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. 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 determination is for non-certification for the requested knee arthroscopy.

**Post-Op physical therapy 2x4 bilateral knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.