

<b>Case Number:</b>	CM14-0132613		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Orthopaedic 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 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:

This 57-year-old male sustained an industrial injury on 3/15/02. The mechanism of injury was not documented. Past surgical history was positive for left knee arthroscopic removal of loose bodies on 4/17/92. The patient last worked in 2002. He underwent left knee arthroscopic anterior cruciate ligament repair, lateral meniscectomy, synovectomy, limited lateral release, chondroplasty, and loose body removal on 5/1/03. He was found to have a grade IV chondral defect in the patellofemoral joint. There was progressive left knee pain after surgery with giving way. He underwent major open reconstruction with Carticel II implantation to the medial femoral condyle and trochlear groove, osteochondral drilling of the lateral femoral condyle defect, meniscal debridement, synovectomy, arthrolysis, quadriceps realignment with anteriorization, medial and lateral releases, and Fulkerson type modified osteotomy with hardware placement on the left knee on 7/6/04. He underwent three additional left knee arthroscopic procedures on 2/15/05, 7/24/07, and 10/1/10 with no lasting improvement. The 2/27/13 left knee magnetic resonance imaging (MRI) impression documented full thickness tear of the proximal anterior cruciate ligament, which appeared chronic, and other post-operative and degenerative changes. The 10/10/13 treating physician progress report cited a slip and fall on 10/4/13 that aggravated some of his orthopedic complaints. Left knee physical exam documented no effusion, prominent lateral osteophytes, range of motion -14 to 118 degrees, and 1.5 cm of quadriceps atrophy. The treatment plan recommended left knee surgical debridement with release of contractors and osteophytes, followed by post-op platelet-rich plasma treatment. The 8/4/14 treating physician progress report cited unchanged left knee painful disability. The patient was last seen on 10/10/13. The left knee hurt with walking and standing. The patient was taking ibuprofen 600 mg several times a day. Left knee physical exam documented range of motion -10 to 116 degrees, palpable prominent osteophytes, and grinding with joint motion. The diagnosis

was arthritic knee with stable soft tissue contracture. The treatment plan requested left knee arthroscopic surgery for come and go treatment and platelet-rich plasma injection after surgery. The 8/13/14 utilization review denied the request for left knee arthroscopy as guidelines did not recommend arthroscopic debridement for osteoarthritis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Meniscal Tear in Osteoarthritis Research-(METEOR)Official Disability Guidelines (ODG), 2014 Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Arthroscopic Surgery for Osteoarthritis.

**Decision rationale:** The California MTUS guidelines do not provide specific recommendations for the requested procedure. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis. Guidelines state that arthroscopic lavage, 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. Guideline criteria have not been met. This patient is status post multiple left knee arthroscopic procedures with limited benefit. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Given the absence of guideline support, this request is not medically necessary.