

Case Number:	CM14-0138512		
Date Assigned:	09/05/2014	Date of Injury:	08/05/2013
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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 in Minnesota. 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:

The injured worker has advanced osteoarthritis of both knees involving the medial compartments, more symptomatic on the left side. However, the joint space collapse is worse on the right. He has knee pain but no locking, giving way, or effusions. The changes are chronic with cystic changes and sclerosis. He was initially seen in 2011 and then followed up on April 29, 2014. His pain was 5/10, there was medial joint line tenderness, and a positive McMurray. NSAIDs were not effective and PT with a self- directed exercise program was also not effective. On 4/29/2014 his Physician recommended Viscosupplementation, and a medial unloader brace. A repeat MRI was also advised. This revealed tears in the posterior horns of the medial and lateral menisci without displacement. High grade chondromalacia was also noted. The disputed issues pertain to arthroscopy with partial meniscectomy and chondroplasty. The notes do not document viscosupplementation or the unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee diagnostic operative Arthroscopic meniscectomy vs. repair possible debridement and or Chondroplasty assistant surgeon: Upheld

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

MAXIMUS 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, Arthroscopic Surgery for Osteoarthritis (not recommended)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines recommend surgery if there is failure of conservative treatment. Viscosupplementation has not been tried per available records. The diagnosis of osteoarthritis and meniscal tears is clear and diagnostic arthroscopy is not indicated per guidelines. According to the California MTUS guidelines meniscus surgery may not be beneficial for those patients who are exhibiting signs of degenerative changes. Official Disability Guidelines (ODG) does not recommend Arthroscopic surgery for patients with osteoarthritis. The worker has clear evidence of osteoarthritis of both knees. Degenerative tears are common in osteoarthritis and the results with surgery in the absence of mechanical symptoms are not good. The requested surgery is therefore not appropriate or medically necessary. As surgery is not medically necessary, an assistant is also not medically necessary.

Post-operative Physical Therapy x12, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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, Arthroscopic Surgery for Osteoarthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical Clearance (CBC, CMP, PT/PTT, Hep, Panel, HVI panel, UA, EKG, Chest X-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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, Arthroscopic Surgery for Osteoarthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343,345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Section: Knee, Arthroscopic Surgery for Osteoarthritis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.