

<b>Case Number:</b>	CM14-0145224		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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:

64 year old male claimant with an industrial injury dated 11/15/02. Magnetic resonance imaging (MRI) of the left knee dated 02/20/14 reveals changes throughout the medial meniscus, postoperative changes of the lateral meniscus with re-tear of the posterior horn of the lateral meniscus, a moderate ACL sprain, erosive degenerative cyst to the anterior aspect of the lateral femoral condyle, prominent marginal osteophyte vs. possible loose body from the posterior and medial aspect of the lateral femoral condyle. Exam note 05/27/14 states the injured worker returns with knee pain. He explains that the knee buckles and he fell down the stairs resulting in a sprained wrist. There was evidence of 2+ effusions, no varus or valgus instability of the right knee. The injured worker was diagnosed with tricompartmental degenerative arthritis. Exam note 07/15/14 states the injured worker returns with increased knee difficulty. The injured worker continues to have 2+ effusion, tenderness laterally and medially of the knee. Diagnosis is noted as osteoarthritis of the left knee with a loose body. Treatment includes an arthroscopic debridement of the left knee joint.

### 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 Synovectomy and/or Chondroplasty with Possible Arthroscopic Removal of Loose Bodies under General Anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 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 2/20/14 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 injured worker has significant osteoarthritis, the requested Left Knee Diagnostic/Operative Arthroscopic Meniscectomy vs. Repair possible Debridement Synovectomy and/or Chondroplasty with Possible Arthroscopic Removal of Loose Bodies under General Anesthesia is not medically necessary.

**Pre-operative medical clearance/cardiac clearance:** Upheld

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

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

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

**post- operative physical therapy 2x6 for the left knee:** Upheld

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

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

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

**Game ready unit x 21 day rental:** Upheld

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

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

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

**crutches:** Upheld

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

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

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