

Case Number:	CM14-0161071		
Date Assigned:	10/06/2014	Date of Injury:	06/13/2014
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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:

The claimant is a 70 year old female with an industrial injury dated 06/13/14. The patient is status post a right hip replacement that was done 20 years ago, a left hip replacement 10 years ago, a hysterectomy 12 years ago, and vagina rebuilt with bladder in November 2013. Exam note 09/03/14 states the patient returns with left knee pain, and swelling in the lower extremity. The patient underwent a cortisone injection in which provided temporary relief. The patient explains that she has difficulty and experiences stiffness when sitting for long periods of time. Current medications include thyroid medication. Upon physical exam the patient demonstrated an active gait and ambulatory without assistive aids. The patient was able to squat at 70% normal with complaints of left knee pain. There was no swelling or atrophy of the right knee. The left knee had moderate knee effusion. There was tenderness around the patella of the right knee and moderate parapatellar and medial joint line tenderness on the left knee. Motor strength for both sides was noted as 5/5. The Lachman's and Anterior drawer test were both negative. Diagnosis is noted as a knee lateral meniscus tear, and knee medial meniscus tear, with superimposed on preexisting severe osteoarthritis of the patellofemoral joints on both knees. Treatment includes an arthroscopy, debridement, and medial and lateral meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Labs (Include Blood and Urine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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.

Left Knee Diagnostic Arthroscopy, Debridement, Medial and Lateral Meniscectomy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

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, Arthroscopic surgery for osteoarthritis

Decision rationale: The California MTUS/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 left knee demonstrates severe patellofemoral 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 Official Disability Guidelines, 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 patellofemoral osteoarthritis, the requested knee arthroscopy is not medically necessary.