MAXIMUS Federal Services

| Case Number: | CM14-0163589 | | |
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| Date Assigned: | 10/08/2014 | Date of Injury: | 06/29/2010 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

## 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:

This is a 60 year old female with a 6/29/10 injury date. In a 9/17/14 follow-up note, the patient complained of locking of the knee with weakness, numbness, instability, pain, and tingling. Objective findings included atrophy with loss of muscle strength in the left knee, negative McMurray's sign, lateral joint line tenderness, and decreased range of motion secondary to pain. A 9/8/14 left knee MRI revealed tricompartmental articular cartilage loss and a longitudinal horizontal oblique tear of the lateral meniscus. A 9/4/13 left knee MRI revealed degenerative joint disease with effusion. Diagnostic impression: left knee osteoarthritis, left knee lateral meniscus tear. Treatment to date: cortisone injection, bracing, activity modification, medications. A UR decision on 9/29/14 denied the request for left partial lateral meniscectomy, patellar chondroplasty with drilling, and lateral release because knee arthroscopy is not recommended in the treatment of osteoarthritis. The requests for pre-op medical clearance and physical therapy were denied because the associated surgical procedure was not certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Partial Lateral Meniscectomy, Patella Chondroplasty with Drilling, Lateral Release with Pre-Op Medical Clearance:** Upheld

**Claims Administrator 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 and Leg, Meniscectomy; and Low Back Chapter

**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 Chapter; Arthroscopic Surgery in Osteoarthritis, Meniscectomy and on Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. CA MTUS states that chondroplasty may be indicated for patients who have: activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. However, ODG does not recommend arthroscopic surgery in arthritic knees. This patient has evidence of tricompartmental arthritis on MRI. Current symptoms are most likely related to global articular cartilage damage rather than to the lateral meniscal tear and focal cartilage loss on the patella. Although pre-op medical clearance is generally recommended in patients greater than 50 years of age, it will not be necessary given the non-certification of the surgical procedure. Therefore, the request for Left Partial Lateral Meniscectomy, patella chondroplasty with drilling, lateral release with pre-op medical clearance, is not medically necessary.

**Physical Therapy two times a week for six weeks (2x6) to the Left Knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS supports 12 physical therapy sessions over 12 weeks after arthroscopic meniscectomy. However, the associated surgical procedures were not certified. Therefore, the request for physical therapy 2x6 to left knee is not medically necessary.