

<b>Case Number:</b>	CM14-0166835		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/13/1984
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 worker injured his right knee while running on 1/13/1984. He has had arthroscopic anterior cruciate ligament reconstruction and three other arthroscopic surgical procedures on his knee. He complains of right knee pain and has clicking, swelling, and occasional instability. X-rays show early osteoarthritis with medial joint space narrowing. He has been treated with viscosupplementation and corticosteroid injections in the past. The office notes of 5/25/2007 document the presence of patellofemoral arthritis on x-rays. On 8/13/2010 degenerative arthritis was again noted on X-rays. The last x-rays of 9/16/2014 revealed early joint space narrowing medially. A corticosteroid injection was again given on that day. The disputed issue pertains to a request for arthroscopy with chondroplasty, use of an assistant surgeon, pre-operative labs and EKG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic chondroplasty with assistant surgeon:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines do not recommend arthroscopy for patellofemoral arthritis. Long term improvement has not been proved and its efficacy is questionable. ODG guidelines specifically refer to arthroscopic surgery for osteoarthritis of the knee. The procedure is not recommended. Arthroscopic debridement and shaving of chondromalacia is no better than placebo surgery. Arthroscopic surgery provides no additional benefit compared to physical therapy and medications. In the Meniscal tear in Osteoarthritis Research trial there were similar outcomes in the surgery versus physical therapy patients. Arthroscopic surgery is not superior even in the presence of degenerative medial meniscus tears in older patients. Arthroscopic chondroplasty is therefore not recommended for osteoarthritis. The guidelines do not support the medical necessity of arthroscopic chondroplasty. The request for an assistant surgeon is therefore also not medically necessary.

**Pre-op labs: CBC, UA, Comp metabolic:** 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): 345. Decision based on Non-MTUS Citation ODG) Section: Knee, Topic: Arthroscopic Surgery for Osteoarthritis.

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

**Pre-op EKG:** 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): 345. Decision based on Non-MTUS Citation ODG) Section: Knee, Topic: Arthroscopic Surgery for Osteoarthritis.

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