

<b>Case Number:</b>	CM14-0031013		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/18/1995
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Texas. 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 is a 54-year-old female who reported an injury on 08/18/1995. Her diagnosis is osteoarthritis unspecified general location lower leg. The mechanism of injury was not provided. The surgical history indicated the injured worker had undergone an arthroscopy of the right knee, right knee replacement, and multiple knee surgeries. The physical examination revealed the injured worker had mild effusion. There was tenderness above the scar, and there was a mild popping present with active and passive mobilization. The knee was passively flexed and there was an audible pop, which seemed painful, and seemed to be coming from the patellofemoral joint, but was not reproducible. The diagnoses included right knee osteoarthritis and right knee effusion. Given the injured worker's propensity to form scar tissue, the physician opined the injured worker should have an arthroscopic debridement. Subsequent documentation on 05/08/2014 revealed the injured worker continued to have pain and stiffness. The orthopedic evaluation revealed mild effusion. The AP and lateral x-rays revealed adequate positioning of the prosthesis. There were no signs of loosening. There were no abnormalities seen. Because the injured worker had signs of scarring, the treatment plan included surgical debridement, which, in the physician's experience and opinion, corroborated by literature, would improve the scarring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic debridement of the Right knee, as an out-patient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 11/29/13), Arthroscopic surgery for osteoarthritis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address a surgery for osteoarthritis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that arthroscopic surgery for osteoarthritis is not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for arthroscopic debridement of the right knee as an outpatient is not medically necessary.