

Case Number:	CM14-0061656		
Date Assigned:	07/09/2014	Date of Injury:	04/17/2012
Decision Date:	09/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/02/2014

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 46-year-old female with a reported industrial injury dated 04/17/12. MRI of the right knee on 07/12/12 shows marked thinning of the medial compartment cartilage with internal degeneration of the anterior horn of the medial meniscus. The patient is status post 2 injections to the right knee. She also was referred for six sessions of chiro and physical therapy. Exam note 03/25/14 states the patient returns with back and knee pain. In the right knee there was full range of motion and 5/5 muscle strength in the lower extremity with flexion of the L5-S1 and extension of L2-L4. The McMurray's test results were negative, and the anterior/posterior drawer sign for cruciate ligament integrity were negative as well. Diagnosis is noted as osteoarthritis of the right knee with a torn medial meniscus, chondromalacia of the right knee, and lumbar radiculopathy. Treatment plan includes a continuation of medication, and a right knee arthroscopy with debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with debridement of the right knee: 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 7/12/12 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 patient has significant osteoarthritis, the request for arthroscopy with debridement of the right knee is not medically necessary and appropriate.