

Case Number:	CM14-0127599		
Date Assigned:	08/15/2014	Date of Injury:	05/01/2012
Decision Date:	02/04/2015	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 documentation submitted indicates a date of injury of 5/1/2012. The injured worker is 53 years old and complains of bilateral knee pain and right shoulder pain. With regard to the left knee, there is no history of locking, popping, or joint effusions. Sometimes when he gets up from a seated position, the knee feels unstable to him. The mechanism of injury is cumulative trauma as a painter. A progress note dated 7/16/2014 indicates left knee range of motion 0-120. A patellofemoral crepitus is felt with range of motion. There is tenderness over the medial and lateral joint line. The joint is stable and tracks well with range of motion. There is no instability with manipulation or weightbearing. McMurray is not reported. Lachman and anterior/posterior drawer are negative. An MRI report pertaining to the left knee is dated March 22, 2013. The findings indicated tricompartmental osteoarthritis. An oblique tear of the posterior horn of the medial meniscus was noted extending to the inferior articular surface. No corticosteroid injections or Viscosupplementation is reported. Utilization review noncertified the request on 7/24/2014 citing MTUS guidelines and absence of necessary information. This has now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy and Medial Meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines indicate arthroscopy and meniscus surgery are not equally beneficial for patients with osteoarthritis. Surgery for patellofemoral syndrome is not recommended. Official Disability Guidelines do not recommend arthroscopic surgery in the presence of osteoarthritis. The guidelines state that arthroscopic debridement and lavage in patients with osteoarthritis is no better than placebo surgery. Arthroscopic surgery for degenerative meniscal tears provides no benefit compared to non-operative treatment. Based upon the above guidelines, the request for left knee arthroscopy and medial meniscectomy is not supported. Therefore, the request is not medically necessary.