

<b>Case Number:</b>	CM14-0188238		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Surgeon 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 injured worker is a 49 year old male of large build who tripped and fell onto his right knee on 6/12/2012. His knee was swollen and a fracture of the patella was suspected. He was treated with a knee immobilizer, then physical therapy and had an MRI scan on 8/30/2012 which revealed "Degenerative joint disease of the right knee primarily involving the medial compartment. There is a prior partial medial meniscectomy. There is a tear on the undersurface of the posterior remnant. There is minor femoropatellar chondromalacia." He was treated with viscosupplementation and then had surgery on 1/13/2013 with debridement. The operative report is not submitted. Post-operatively he underwent physical therapy with ongoing complaints of pain, popping and sticking mostly underneath the knee cap and problems squatting and occasional giving way. The AME of June 3, 2014 indicates a total knee arthroplasty was discussed but it was suggested that he delay it as long as possible. Considerable degenerative changes were noted in the retropatellar area and medial compartment on prior records. Documentation indicates a history of obesity Past history was remarkable for an MRI scan of the right knee on 1/16/2009 revealing a complex tear of the posterior horn of the medial meniscus and arthroscopy on 11/19/2009 with partial medial meniscectomy and chondroplasty of the medial femoral condyle and patella. The current problems pertain to the patellofemoral joint and the medial compartment. A progress note of 8/22/2014 indicated a knee effusion, tenderness at the medial and lateral joint lines and range of motion limited to 5-115 degrees with pain. McMurray and patellar grind were positive. The notes indicate eventual need for some procedure on the patellofemoral joint. The last note of 10/6/2014 indicates the diagnosis of degenerative joint disease and pain. The disputed issue pertains to a request for right knee arthroscopy with partial meniscectomy. This was non-certified by UR for lack of a recent imaging study indicating

the necessity of the procedure and correlating clinical findings. Also cited was the lack of such a recommendation on the AME.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right knee arthroscopy with partial meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery; meniscectomy and Knee and Leg Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation The injured worker is a 49 year old male of large build who tripped and fell onto his right knee on 6/12/2012. His knee was swollen and a fracture of the patella was suspected. He was treated with a knee immobilizer, then physical therapy and had an MRI scan on 8/30/2012 which revealed "Degenerative joint disease of the right knee primarily involving the medial compartment. There is a prior partial medial meniscectomy. There is a tear on the undersurface of th

**Decision rationale:** California MTUS guidelines do not indicate arthroscopy and meniscus surgery for those patients who are exhibiting signs of degenerative changes. The efficacy of arthroscopic patellar shaving is also questionable. The documentation submitted indicates the presence of osteoarthritis in the medial compartment and the patellofemoral joint which is well documented in the medical records. ODG guidelines do not indicate arthroscopic surgery in the presence of osteoarthritis. Studies have concluded that surgery for degenerative meniscal tears provides no benefit even when the arthritis is mild. Based upon guidelines the request for arthroscopy and partial meniscectomy is not supported and the medical necessity of the procedure is not established. Therefore the request is not medically necessary.

#### **Associated surgical service pre-op labs; CBC, CMP, PT AND PTT: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

#### **Associated surgical service: EKG: 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, Arthroscopic surgery for osteoarthritis

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

**Associated surgical service: two day hospital stay:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated surgical service: post-op physical therapy for the right knee; 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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