

<b>Case Number:</b>	CM14-0191517		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 injured worker is a 52-year-old male with date of injury of 8/28/2014. Per examination of 9/2/2014 there was a context of history of chronic pain in the left knee. He was dragging 2 cans of garbage and stepped off a curb and felt pain in the medial aspect of the left knee and it gave way. Examination revealed medial tenderness to palpation, range of motion limited by pain, no swelling, erythema, deformity or atrophy. An x-ray of the left knee dated 8/29/2014 included 2 views. This was reported to show moderate degenerative changes in the left knee with a possible small joint effusion. An MRI scan of the left knee without contrast was performed on 9/9/2014. This revealed a complex tear of the body and posterior horn of the medial meniscus associated with mild strain of the medial collateral ligament and severe medial femorotibial osteoarthritis with a small joint effusion and synovitis. There was full-thickness chondral loss over the weight bearing medial femoral condyle and corresponding medial tibial plateau. Treatment included a corticosteroid injection on October 14, 2014 and physical therapy consisting of 5 sessions. A follow-up examination on October 29, 2014 revealed an antalgic gait with no significant improvement. Range of motion was slightly restricted due to pain. Physical therapy notes dated 10/31/14 indicate continuing pain at 5/10, antalgic gait, and range of motion from 0-120. Per examination of 11/11/14 the patient had not improved despite the corticosteroid injection. Arthroscopy was again discussed and it was explained that in the setting of arthritis the results are not uniformly excellent. A right knee surgery was scheduled for 11/26/14 after being authorized on appeal. An arthroscopic partial medial meniscectomy of the left knee was requested with 12 postoperative physical therapy sessions. This was noncertified by utilization review citing California MTUS guidelines, absence of mechanical symptoms such as locking, popping, giving way or recurrent effusion and absence of documentation of severe activity limitation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Arthroscopy with Partial Meniscectomy Knee Left: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Arthroscopic Surgery for osteoarthritis

**Decision rationale:** The injured worker clearly has evidence of chronic degenerative joint disease of the left knee primarily involving the medial compartment. A complex tear of the body and posterior horn of the medial meniscus is a common finding in this context. This represents a degenerative tear which does not require surgical considerations unless there are mechanical symptoms such as popping, locking, or giving way or recurrent effusions. California MTUS guidelines Chapter 13 page 343 state that reliance on imaging studies to evaluate the source of these symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. 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. The documentation does not support presence of these indications. The primary diagnosis here is osteoarthritis of the medial compartment which will not benefit from arthroscopic surgery per ODG guidelines which do not recommend arthroscopy in the presence of osteoarthritis. According to ODG arthroscopic surgery for osteoarthritis is 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. In the meniscal tear and osteoarthritis research trial there were similar outcomes from PT versus surgery. Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with non-operative management. In light of these MTUS and ODG guidelines, the request for arthroscopy with partial meniscectomy, left knee, is not supported and as such the Arthroscopy with Partial Meniscectomy Knee Left is not medically necessary.

### **Associated surgical service: Post Op Physical Therapy 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines. Decision based on Non-MTUS

Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX;  
www.odg-twc.com; Section: Knee & Leg ( Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines  
(ODG) Knee, Topic:Surgery for osteoarthritis

**Decision rationale:** The requested surgery is not medically necessary. Therefore the  
postoperative physical therapy is also not medically necessary.