MAXIMUS Federal Services

Case Number:	CM14-0193389		
Date Assigned:	12/01/2014	Date of Injury:	11/05/2012
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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, Fellowship Trained in Pediatric Orthopedics, and is licensed to practice in Texas and Colorado. 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 58-year-old male who reported an injury due to twisting on 11/05/2012. On 09/29/2014, his diagnoses included DJD of the right knee, left rotator cuff and glenohumeral ligament tear and left AC joint DJD/ impingement. His complaints included swelling, pain, weakness, and stiffness to an unidentified body part. He had a positive Lachman's and Apley's test to "the knee". There was a flexion deficit of 20 degrees. An MRI of the right knee on 10/14/2014 revealed advanced tricompartmental DJD, chronic ACL tear, macerated tear of the medial meniscus, complex tear of the posterior horn of the lateral meniscus, bone infarction involving the medial foraminal condyles, additional consideration would include an enchondroma, and moderate joint effusion with moderate synovitis. This injured worker has attended an unknown number of physical therapy sessions for the low back. There was no evidence of prior physical therapy for the right knee. He did receive a corticosteroid injection to the right knee on 08/18/2014. There were no results included in the submitted documents. There was no rationale or request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Knee Arthroscopy (RTKA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), 2014, Knee & Leg (acute & chronic), Arthroscopic Surgery for Knee Joint Replacement

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, Arthroscopic surgery for osteoarthritis.

Decision rationale: The request for right total knee arthroscopy (RTKA) is not medically necessary. The Official Disability Guidelines do not recommended arthroscopic surgery for osteoarthritis of the knees. 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 in Osteoarthritis Research (METEOR) trial, there were similar outcomes from PT versus surgery. In this randomized controlled trial, arthroscopic surgery was not superior to supervised exercise alone after nontraumatic degenerative medial meniscal tear in older patients. Without evidence of prior conservative care, including physical therapy, the guidelines do not support this procedure. Therefore, the request for Right Total Knee Arthroscopy (RTKA) is not medically necessary.

Associated surgical service: Post-Operative Physical Therapy, right Knee 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.