

<b>Case Number:</b>	CM14-0204274		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

This is a 68 year old female with a 12/27/12 injury date. The mechanism of injury was described as stepped down off a short ladder and feeling the left knee pop. Bilateral knee MRIs on 12/29/10 revealed tricompartmental osteoarthritis with degenerative meniscal tears. In an 8/18/14 AME note, the patient complained of bilateral knee pain. Objective findings included varus deformity, joint line tenderness, and full range of motion. The provider stated that the patient was a candidate for total knee arthroplasty but her medical history of thrombosis and pulmonary embolism made her less than an ideal candidate for surgery, and conservative treatment was preferred. Diagnostic impression: bilateral knee osteoarthritis with meniscal tears. Treatment to date: medications, activity modification, and unloader brace. A UR decision on 11/7/14 denied the request for left and right knee arthroscopic meniscectomy with synovectomy and debridement because mechanical symptoms of either knee were not documented and knee arthroscopy for arthritic knees is generally not recommended. The request for pre-operative medical clearance was denied because the associated surgical procedures were not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic meniscectomy with synovectomy and debridement, left knee (left knee first):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Knee & Leg, Arthroscopic Surgery for Osteoarthritis of the Knee; Official Disability Guidelines (ODG), Work Loss Data Institute. Web-based Version

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Arthroscopic surgery in osteoarthritis.

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. However, ODG does not recommend arthroscopic surgery in arthritic knees. In addition, there were no documented mechanical symptoms or signs that would suggest that the patient's meniscal tears are a significant cause of her pain and functional limitations. The most likely cause would appear to be the severe cartilage wear with resulting inflammation. The AME note suggested continued conservative care versus future knee replacement, and it is not clear that the patient has exhausted or tried any cortisone or viscosupplemental injections. Therefore, the request for arthroscopic meniscectomy with synovectomy and debridement, left knee (left knee first) is not medically necessary.

**Arthroscopic meniscectomy with synovectomy and debridement, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Arthroscopic Surgery for Osteoarthritis of the Knee; Official Disability Guidelines (ODG), Work Loss Data Institute. Web-based Version

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter--Arthroscopic surgery in osteoarthritis.

**Decision rationale:** CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. However, ODG does not recommend arthroscopic surgery in arthritic knees. In addition, there were no documented mechanical symptoms or signs that would suggest that the patient's meniscal tears are a significant cause of her pain and functional limitations. The most likely cause would appear to be the severe cartilage wear with resulting inflammation. The AME note suggested continued conservative care versus future knee replacement, and it is not clear that the patient has exhausted or tried any cortisone or viscosupplemental injections. Therefore, the request for arthroscopic meniscectomy with synovectomy and debridement, right knee is not medically necessary.

**Associated Surgical Services: Pre-Operative Outpatient Medical Clearance:** 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 Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

**Decision rationale:** CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. Given the patient's age of 68, a pre-op clearance would be appropriate. However, the associated surgical procedures were not certified. Therefore, the request for pre-operative outpatient medical clearance is not medically necessary.