

Case Number:	CM14-0206088		
Date Assigned:	12/18/2014	Date of Injury:	03/19/2014
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 year old male claimant with an industrial injury dated 03/19/14. Conservative treatments include activity restrictions, rest, medications, cortisone injections, self-exercise program, and physical therapy. MRI dated 05/28/14 reveals chronic osteoarthritic changes of medial and lateral joint compartments. There was evidence of a clear joint effusion, and minimal chondrosis of the femoropatellar joint. Exam note 11/03/14 states the patient returns with left knee pain. The patient explains that the knee is catching, and giving out with a recurrent pain. The patient demonstrates that there is swelling surrounding the knee with activity and there is pain relief with rest. Upon physical exam there was evidence of swelling surrounding the knee. The pain was prominently over the medial joint line. Pain was aggravated by the reverse Apley's-type maneuver test. The patient did not have any frank instability noted. Diagnosis is noted as degenerative knee arthritis, knee pain, and a current tear of the medial meniscus of the knee. Treatment includes a left knee arthroscopy with partial meniscectomy and chondral shaving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with Partial Meniscectomy and Chondral Shaving, Left Knee per 11/03/14

PR2 QTY: 1.00: 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 updated 10/27/2014), Meniscectomy; and Indications for Surgery, Meniscectomy; and Chondroplasty.

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

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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." In this case the MRI from 5/28/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "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." As the patient has significant osteoarthritis the determination is for not medically necessary for the requested knee arthroscopy.