

Case Number:	CM14-0218543		
Date Assigned:	01/08/2015	Date of Injury:	07/01/2003
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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: Minnesota, Florida

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:

The injured worker is a 63 year old female with a date of injury of July 1, 2003. The mechanism of injury is unknown. Diagnoses include lumbosacral spondylosis without myelopathy, obesity, osteoarthritis right knee and unspecified internal derangement of the knee. She had undergone a successful left total knee arthroplasty in the past. On October 22, 2014, the injured worker experienced right knee pain swelling getting worse because of posttraumatic osteoarthritis. Physical examination of the right knee revealed increased pain and decreased range of motion, crepitation, and swelling. Notes stated that a previous cortisone injection was only temporarily helpful. On January 6, 2015, she reported the ability to perform more activity and greater overall function due to the use of an H-Wave device. Other treatment modalities included TENS unit, physical therapy, medications, electrical stimulation and chiropractic treatment. A request was made for "left knee" arthroscopic surgery, pre-operative clearance with labs and EKG and post operative physical therapy three times a week over six weeks. On December 22, 2014, utilization review denied the request citing MTUS/ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic surgery: Upheld

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

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

Decision rationale: The IMR application indicates a request for arthroscopic surgery on the left knee. However, the progress notes dated 10/22/2014 indicate that the injured worker had undergone a left total knee arthroplasty and her pain was in the right knee. The request for authorization dated 9/10/2014 also indicates the presence of degenerative arthritis in the right knee, status post left total knee arthroplasty. The notes document her wish to get her weight down before proceeding with a right total knee replacement. A request for authorization for bariatric surgery/lap band had been previously authorized but the patient wanted to wait. Based upon the above, I would assume that this IMR pertains to the request for arthroscopic surgery on the right knee. The injured worker has evidence of osteoarthritis of the right knee and also there is internal derangement reported. However, the official radiology reports pertaining to x-rays or MRI of the right knee are not submitted. The procedure as requested is arthroscopic surgery and the exact nature of the surgery is not specified. In the presence of osteoarthritis, California MTUS and ODG guidelines do not recommend arthroscopic surgery unless there is a clear indication. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery. As such, the request for left knee arthroscopic surgery is not supported and the medical necessity of the request is not substantiated.

Preoperative clearance with labs and EKG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Arthroscopic Surgery for osteoarthritis

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

Postoperative physical therapy three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Section: Knee, Topic: Arthroscopic surgery for osteoarthritis

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