

<b>Case Number:</b>	CM14-0218856		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 67 year old male, who was injured on the job, September 3, 2008 and May 20, 2012. The injured worker suffers from back pain, bilateral leg pain, bilateral knee pain and difficulty standing or walking. According to the progress note of April 17, 2014, the injured worker had an antalgic gait, tenderness over the patellafemoral joint bilaterally, weakness to bilateral lower extremities; left worse than the right. The diagnosis were bilateral knee internal derangement and medial meniscus and chondromalacia, L3-L4 and L4-L5 spondylolisthesis with stenosis and neurogenic claudication and status post left middle finger trigger release. The injured worker was awaiting authorization for an epidural steroid injection for the lumbar spine. The injured worker was declining back surgery at this time. The injured worker was taking gabapentin, muscle relaxants and Naprosyn for pain. The injured worker was also using compound cream for back discomfort. Per primary treating physician's progress report dated January 26, 2015 the subjective complaints include back pain, bilateral leg pain, bilateral knee pain, and difficulty standing and walking. Objective findings included antalgic gait bilaterally, medial joint line tenderness bilaterally, tenderness over the patellofemoral joint bilaterally, and weakness of both lower extremities. The diagnosis is: 1. Bilateral knee internal derangement and medial meniscus and chondromalacia.. 2. L3-4, L4-5 spondylolisthesis with stenosis and neurogenic claudication. 3. Status post left middle finger trigger finger release. With regard to treatment, an epidural steroid injection was awaited. Surgery for the lumbar spine was discussed. For the knee, authorization for surgical treatment was requested. The notes indicate that he was having medial joint line tenderness with positive McMurray click, MRI finding

consistent with medial meniscal tear, symptoms of mechanical instability, failure to respond to conservative treatment that included therapy, multiple steroid injections, use of walking aid and braces. A right knee arthroscopy, partial medial meniscectomy, and debridement was requested. The MRI report or x-ray reports pertaining to the knees have not been submitted. Evidence of a comprehensive rehabilitation program with exercises, corticosteroid injections or Viscosupplementation has also not been submitted. Utilization review noncertified a request for right knee arthroscopy with partial medial meniscectomy and debridement on 12/18/2014. The reason for the noncertification was lack of sufficient documentation of subjective and objective findings. The documentation reviewed included progress notes dated 6/27/2014 which documented increasing pain in both knees and the lower back. The injured worker could barely walk. The knees buckled and standing and walking was very limited. There was night pain documented. There was an antalgic gait on both sides with decreased range of motion from 5-120 bilaterally. There was medial joint line tenderness with positive McMurray click. There was decreased range of motion of the lumbar spine with positive straight leg raising. There was decreased strength in both lower extremities. Deep tendon reflexes were diminished in both lower extremities. The slump test was positive bilaterally. Additional documentation was requested including x-ray reports, MRI reports, physical therapy notes, and procedure notes of injections/medication list and operative reports if any. The utilization review notes indicate that the MRI scan of the right knee performed on 4/23/2014 documented mid substance tear of the anterior cruciate ligament and extensive tear, posterior horn of the medial meniscus extending to the inferior and superior articular surfaces along with multiple osteochondral defects and degenerative osteophytosis. The utilization review noncertification is now appealed to an independent medical review; however, radiology reports or physical therapy notes have not been submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right Knee Arthroscopy with partial medial meniscectomy and debridement:** 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

**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, Meniscectomy

**Decision rationale:** The injured worker has evidence of osteoarthritis of the right knee per MRI findings as well as a tear of the posterior horn of the medial meniscus which may be a degenerative tear. There is also a tear involving the anterior cruciate ligament although it is not certain if this is a partial thickness tear. Radiology reports have not been submitted. The degree of osteoarthritis and the involvement of the various compartments is not known. Standing films have not been reported. The injured worker has chronic pain and per office notes he has failed corticosteroid injections and physical therapy. He may be a candidate for total knee arthroplasty; however, the notes submitted do not include a detailed examination of the knee or radiology

reports. The procedure requested is arthroscopy with medial meniscectomy and debridement in the presence of osteoarthritis as noted on the MRI scan. California MTUS guidelines indicate that arthroscopy and meniscal surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines do not recommend arthroscopy in the presence of osteoarthritis. Arthroscopy with lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery. The guidelines indicate that partial medial meniscectomy for degenerative tears did not provide any benefit when compared to nonoperative management. However, to evaluate for a total knee arthroplasty, standing x-rays and the radiology report pertaining to the MRI scan will be necessary as well as evidence of prior treatment with medications, corticosteroid injections, Viscosupplementation, and physical therapy. The request for arthroscopy in the presence of osteoarthritis is not supported, particularly in light of incomplete documentation with regard to treatment, physical therapy, and radiology reports. As such, the request for arthroscopy, partial medial meniscectomy, and debridement is not supported and the medical necessity is not established.

**Associated Surgical Services- Initial Medicine pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidelin.gov/content.aspx?id=48408>

**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, Meniscectomy

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

**Associated Surgical Services- RN assessment for post-operative wound care and home aid as needed right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg; Skilled nursing facility (SNF) care

**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, Meniscectomy

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

**Right knee arthroscopy with debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**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:** California MTUS guidelines indicate that arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. The request for arthroscopic debridement is not supported in the presence of osteoarthritis and as such, the medical necessity of the request is not established.

**Associated Surgical Services- Initial Post-operative Physical Therapy (unspecified frequency) right knee:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated Surgical Services- Motorized cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

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

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

**Associated Surgical Services- DVT unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

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

**Associated Surgical Services- Mobility Crutches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

**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, Meniscectomy.

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