

Case Number:	CM14-0218996		
Date Assigned:	01/09/2015	Date of Injury:	03/01/2010
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 3/1/2010. He had reported left knee and back pain. The medical record indicated the left knee was treated with knee replacement subsequently requiring manipulation under anesthesia. Radiographic imaging, including Magnetic Resonance Imaging (MRI) and x-rays were reported as completed on the right knee on June 24, 2014 and February 26, 2014. Treatment to date has included physical therapy, water exercises, stationary bike riding, and steroid injections to unidentified joint and oral anti-inflammatory medication. Currently, the IW complains of right knee pain. The medical record documented right knee pain most likely due to prolonged left knee deficits putting additional strain on the right knee. Most recent Magnetic Resonance Imaging (MRI) revealed a possible meniscal tear, internal derangement, and significant tri-compartmental arthritis with osteophytes requiring surgical intervention. On 12/22/2014 the Utilization Review non-certified a right knee arthroscopic debridement, noting the documentation did not indicate prior conservative treatment included joint injections. The MTUS and the Official disability (ODG) guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of right knee arthroscopic debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee Arthroscopic Debridement between 12/16/2014 and 1/30/2015: 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, Indications for Surgery, Diagnostic Arthroscopy; and Meniscectomy, Criteria for Meniscectomy; and Chondroplasty, Criteria for Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation 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 6/24/14 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 non-certification for the requested knee arthroscopy.