

Case Number:	CM14-0042128		
Date Assigned:	09/05/2014	Date of Injury:	03/14/2013
Decision Date:	05/08/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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 72 year old female with an industrial injury dated 05/11/2013. Her diagnosis was osteoarthritis of the left knee. Prior treatments consist of Euflexxa injections, MRI, physical therapy, medications, knee brace and cortisone injection. In the progress noted dated 10/28/2013 the provider notes the injured worker continues to have pain and it seems there was no improvement in her symptoms. Physical exam revealed an antalgic gait. Tenderness at the medial joint line with crepitation was noted. The provider notes in view of the failure of the treatment received to date and the injured worker's continued pain the recommendation is for an operative arthroscopy, removal of loose bodies and chondroplasty of the left knee. Pre-op labs were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, removal of loose bodies and Chondroplasty of the left 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), Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Arthroscopic surgery for osteoarthritis, Chondroplasty.

Decision rationale: ODG guidelines indicate arthroscopic surgery for osteoarthritis is 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. In the meniscal tear and osteoarthritis research trial there were similar outcomes from PT versus surgery. Arthroscopic surgery was not superior to supervised exercise alone after nontraumatic degenerative medial meniscal tears in older patients. As such, the request for arthroscopy and debridement is not supported and the medical necessity of the request has not been substantiated. With regard to the request for chondroplasty, the guidelines necessitate presence of a chondral defect which is not reported on the imaging studies. Chondroplasty is not indicated for osteoarthritis. With regard to the request for loose body removal, a definite loose body is not identified. As such, the request for surgery as stated is not supported and the medical necessity of the request is not established.

Preoperative Physical/Labs: 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 Official Disability Guidelines (ODG), Knee, Arthroscopic Surgery for osteoarthritis.

Decision rationale: Since the primary surgical procedure is not medically necessary, all the associated surgical requests are not medically necessary.