

Case Number:	CM14-0051287		
Date Assigned:	07/07/2014	Date of Injury:	02/03/2014
Decision Date:	01/07/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations..

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 52 year old female who stepped down from a forklift called "the clamp" after unloading a trailer and felt a pop in her right knee on 2/3/2014. She was evaluated and found to have some swelling and posterolateral pain. Xrays revealed mild osteoarthritis. She was placed on NSAIDs and the knee aspirated and injected with steroids on 2/12/2014. Only 8 cc of osteoarthritic clear fluid was obtained. The pain improved but did not subside. She started Physical Therapy on 2/25/2014. An MRI scan of the knee was performed on 2/27/2014 and revealed tricompartmental osteoarthritis and degenerative changes in the medial meniscus with a non-displaced degenerative tear of the posterior horn. A subarticular cyst 1cm in diameter was noted in the posterior aspect of the medial tibial plateau. There was 50 percent loss of articular cartilage in the lateral compartment and greater loss in the medial compartment . The patellofemoral joint revealed grade I to IV chondromalacia. An orthopedic consultation recommended arthroscopic surgery. This was non-certified by UR as there was no comprehensive trial of non-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Partial Medial Meniscus versus Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: The most significant finding on the MRI scan is the presence of tricompartmental osteoarthritis of the right knee with loss of the articular cartilage in all three compartments, osteophyte formation in the medial compartment and a 1 cm subarticular cyst of the medial tibial plateau under the degenerated posterior horn of the medial meniscus. There is a non-displaced degenerative tear of the posterior horn of the medial meniscus. California MTUS does not recommend arthroscopy in the presence of osteoarthritis.. "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." (page 345, Chapter 13). ODG guidelines do not recommend arthroscopic surgery for patients with osteoarthritis. For degenerative tears arthroscopy is no better than physical therapy. Partial medial meniscectomy with removal of the degenerated posterior horn will expose the subchondral cyst of the posterior medial tibial plateau to abnormal stresses and remove the cushioning property of the overlying meniscus. According to ODG a systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with nonoperative management. Based on the above guidelines the request for arthroscopy of the right knee with partial medial meniscectomy and synovectomy was not medically necessary.

Postoperative Physical Therapy two (2) times four (4) for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Cold Therapy Unit; DVT Prophylactic Compression Cuffs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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