

Case Number:	CM15-0003829		
Date Assigned:	03/02/2015	Date of Injury:	09/24/2014
Decision Date:	04/08/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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 57 year old male who sustained an industrial injury on 09/24/14. He reports persistent left knee pain. Treatments to date include medication, conservative measures, and a knee brace. The diagnosis is osteoarthritis of the medial compartment, a degenerative tear of the posterior horn of the medial meniscus, and sprain of the medial collateral ligament. In a progress note dated 12/05/14 the treating provider recommends arthroscopic surgery on the left knee with postoperative physical therapy. On 12/24/14 Utilization Review non-certified the knee surgery, citing MTUS guidelines. The physical therapy was also non-certified as the surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Arthroscopic Surgery, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: The injured worker has evidence of osteoarthritis of the medial compartment and a degenerative tear of the posterior horn of the medial meniscus. He also has a sprain of the medial collateral ligament. 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 arthroscopic surgery in the presence of osteoarthritis. Even in the presence of mild osteoarthritis, removing a degenerative tear is not beneficial. The guidelines indicate that physical therapy is equally beneficial as compared to surgery in the presence of a degenerative tear. The injured worker has some symptoms of giving way and medial pain but also has evidence of a medial collateral ligament sprain which would explain the medial pain. Based upon guidelines, the request for arthroscopy with medial meniscectomy is not supported and the medical necessity of the request has not been substantiated.

12 Initial Post-operative Physical Therapy for the left knee, 3 times a week for 4 weeks, as outpatient, status post Left Knee Arthroscopic surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: 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.