MAXIMUS Federal Services

Case Number:	CM15-0007132		
Date Assigned:	01/26/2015	Date of Injury:	10/29/2014
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/13/2015

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: New York
Certification(s)/Specialty: Neurological 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:

This a 63 year old male twisted his right knee on 10/29/14 stepping out of van. He reported increased right knee pain. The diagnoses have included strain/sprain right knee, menisci tear and degenerative disease. Treatment to date has included medications, injections, ice, knee brace, crutches and Home Exercise Program (HEP). Currently, the IW complains of right knee joint pain. The pain depends on the activity. The injured worker states that the pain is sharp, shooting and the right knee pops at times. The pain is aggravated by activity. The physical exam revealed slight swelling, medial joint tenderness, gait favoring the right side, strongly positive grinding test, spring test, valgus and varus stress tests with increased pain. The PR2 of 11/18/2014 indicated the worker had no limp, no effusion, full range of motion, no crepitance and he was placed on modified work. The Magnetic Resonance Imaging (MRI) of the right knee dated 11/18/14 revealed complex tear of medial and lateral menisci and marked degenerative changes. Physician requested surgery to right knee and prescribed medications for pain and inflammation.On 1/13/15 Utilization Review non-certified a request for Arthroscopic surgery, with meniscectomy, of the right knee, Arthroscopic surgery, with synovectomy, for the right knee, Arthroscopic Surgery, with or without synovial biopsy, on the right knee, and Arthroscopic surgery, with removal of loose body, for the right knee, noting the insufficient information on the current conservative treatment of the right knee with respect to the number of physical therapy sessions attended, use of oral and injectable medications and the outcome. The rational for synovial biopsy and loose body removal has not been established. The (MTUS) Medical

Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery, with meniscectomy, of the right knee: 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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343,344, 345, 347.

Decision rationale: The California MTUS guidelines indicate a menisectomy can be considered if the worker has had activity limitation for a month, failed an exercise program to increase strength and range of motion and has clear evidence of a meniscus tear. His PR2s indicate he has a normal gait. There are no details about an exercise program. MTUS guidelines also recommend that clear evidence of a meniscus tear be present such as recurrent effusion, locking, giving way and popping. Documentation does not show this is the case. Moreover, the guidelines recommend that surgery be considered for severe problems and functional limitations. Documentation is not provided this is the case either.Thus the requested treatment: Arthroscopic surgery, with menisectomy, of the right knee is not medically necessary or appropriate.

Arthroscopic surgery, with synovectomy, for the right knee: 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 Chapter, as well as the article "Synovial Biopsy of the Knee Joint under Direct Visualization by Needle Arthroscopy", by Moreland LW1, Calvo-Aln J, Kooperman WJ (www.ncbi.nim.nih.gov/pubmed/19077955)

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.

Arthroscopic Surgery, with or without synovial biopsy, on the right knee: 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 Chapter, as well as the article "Synovial Biopsy of the Knee Joint under Direct Visualization by Needle Arthroscopy", by Moreland LW1, Calvo-Aln J, Kooperman WJ (www.ncbi.nim.nih.gov/pubmed/19077955)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee chapter-Arthroscopic surgery for osteoarthritis, Diagnostic arthroscopy

Decision rationale: The ODG guidelines do not recommend arthroscopic surgery for osteoarthritis noting that lavage and debridement is no better than placebo surgery. Criteria for diagnostic arthroscopy include failure to improve with medications or physical therapy. Documentation is not provided this is the case. Moreover, guidelines suggest surgery may be considered if imaging clinical findings are inconclusive. The patient's MRI scan has provided definitive information. Documentation is not provided for a rationale for synovectomy. Therefore, the requested treatment: arthroscopic surgery, with synovectomy, for right knee is not medically necessary or appropriate.

Arthroscopic surgery, with removal of loose body, for the right knee: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter-Loose body removal surgery

Decision rationale: The ODG guidelines recommend arthroscopy for loose body removal if physical therapy has failed as well as medications and the patient's subjective complaints are consistent with the presence of a loose body. Also the criteria for arthroscopy includes if there is a recurrent effusion and patellar apprehension or lateral tracking or the presence of synovitis or an increased Q angle. Documentation does not show this. Therefore the requested treatment: Arthroscopic surgery, with removal of a loose body, for the right knee is not medically necessary or appropriate.