

Case Number:	CM15-0106886		
Date Assigned:	06/11/2015	Date of Injury:	01/11/2010
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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: California, Indiana, Oregon
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 68-year-old male with an industrial injury dated 01/11/2010. The mechanism of injury is documented as a fall landing on both his knees. His diagnoses included two years status post open rotator cuff repair, Mumford procedure and subacromial decompression of the right shoulder, two and a half years status post arthroscopic meniscectomy and debridement of the left knee, internal derangement, chondromalacia and osteoarthritis of the right knee and sprain/strain with chronic arthritis and tendinitis of the left ankle. Prior treatments included left knee arthroscopy, physical therapy (post-left knee and right shoulder surgery), right shoulder surgery, anti-inflammatory medications, pain medications, cortisone injections in knees and shoulders, acupuncture, interferential unit, exercise kit, referral to orthopedics and surgical intervention. He presented on 04/10/2015 with complaints of bilateral knee pain, right worse than left and left ankle pain and swelling. Physical examination of the left knee revealed healed arthroscopic portals. There was good range of motion of the knee. There was antalgic component favoring more on the right than on the left side with peripatellar tenderness and joint line tenderness bilaterally. Bilateral knee x-rays dated 03/04/2015 showed bilateral degenerative medial joint space narrowing and bilateral patellar Chondromalacia. MRI of the right knee dated 04/03/2014 showed tricompartmental osteoarthritis and Chondromalacia of the knee. The physician documents the injured worker is having significant amount of pain in his right knee and recommends arthroscopic debridement and chondroplasty of the right knee. Treatment plan included arthroscopic debridement with possible meniscectomy and chondroplasty of the right knee done as an outpatient followed by a course of physical therapy. The requested treatments were 12 post-operative physical therapy visits and right knee arthroscopic debridement with possible meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic debridement with possible meniscectomy and chondroplasty:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Indications for Surgery-Meniscectomy, Knee and Leg, Chondroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

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 4/3/14 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 request is not medically necessary.

12 Post-Operative Physical Therapy visits: 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.

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