MAXIMUS Federal Services

Case Number:	CM15-0137550		
Date Assigned:	07/27/2015	Date of Injury:	02/24/2011
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/15/2015

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 55 year old male who sustained an industrial injury on 02/24/2011. Mechanism of injury occurred when he hit his leg on a trash bin which resulted in acute onset of pain in the right leg and actually caused him to fall on his left leg. Diagnoses include tear of medial cartilage or meniscus, lumbar intervertebral disc disease, status post right knee replacement on 08/29/2014. Treatment to date has included diagnostic studies, medications, physical therapy, corticosteroid injections, bilateral epidural injections, and an exercise program. On 04/27/2015 a Magnetic Resonance Imaging of the left knee with arthrogram showed residuals of partial medial meniscectomy, recurrent tears into the posterior horn and body meniscal tears, medial femorotibial joint osteoarthritis and chondromalacia, focal patella chondromalacia grade 1-2, lateral patellar subluxation and tilting, unchanged from neutral to flexion position, indicating patellar tracking disorder. A physician progress note dated 06/13/2015 documents the injured worker complains of both right and left leg pain. He also has low back pain. Knee range of motion is left flexion 110-130, left extension 0-0, right flexion 120-130, and right extension 0-0. McMurry's is positive bilaterally. A cortisone injection was given to the left knee with this visit to decrease pain and inflammation. Treatment requested is for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 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, diagnostic arthroscopy.

Decision rationale: The injured worker weighs 240 pounds and has chronic pain in the lumbosacral area as well as both lower extremities. He is status post right total knee arthroplasty with continuing pain. He is status post arthroscopy left knee with MRI evidence of moderate osteoarthritis, primarily involving the medial compartment and also the patellofemoral joint associated with patellofemoral malalignment. MRI scan of the left knee dated April 27, 2015 revealed residuals of partial medial meniscectomy; recurrent tears in the posterior horn and body of meniscal remnants, medial femorotibial joint osteoarthritis and chondromalacia, focal patellar chondromalacia, lateral patellar subluxation and tilting, unchanged from neutral to flexion position indicating patellar maltracking. The injured worker is status post right total knee arthroplasty on 8/29/2014. Per pain management notes of 2/26/2015 the injured worker was complaining of pain in the right anterior knee, right posterior knee, headache, lumbar pain, left sacroiliac pain, and right sacroiliac pain. The procedure requested is arthroscopy of the left knee but the nature of the surgery has not been specified. California MTUS guidelines indicate arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. There is no long-term benefit from removing degenerative tears of the menisci compared to physical therapy. Weight bearing x-rays have not been performed and so the degree of osteoarthritis is not known. The guidelines recommend an exercise rehabilitation program combined with corticosteroid injections prior to surgical considerations. If the procedure requested is a diagnostic arthroscopy, the guidelines do not support such a procedure as the diagnosis has been established by the imaging studies. In light of the foregoing, the request for arthroscopy of the left knee is not medically necessary.