

Case Number:	CM15-0147865		
Date Assigned:	08/10/2015	Date of Injury:	01/12/2012
Decision Date:	09/24/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 59 year old female, who sustained an industrial injury on 1-12-12. The injured worker has complaints of left knee pain primarily over the medial aspect of the knee. The documentation noted on examination range of motion is 0-130 degrees, small effusion and tenderness 2-3+ along medial joint line. The diagnoses have included left knee early to moderate medial compartment arthritis with recurrent medial meniscus tear. Treatment to date has included physical therapy; magnetic resonance imaging (MRI) of the left knee which demonstrates moderate osteoarthritis of the medial compartment and a medial meniscus tear that is an oblique tear involving the articular surface of the medial meniscus and truncation of the medial margin of the meniscus due to prior surgery; prior arthroscopy with partial medial meniscectomy and chondropasty with subsequent persisting pain; intra-articular cortisone injections and oral anti-inflammatory medications. The request was for outpatient left knee arthroscopy with surgical correction as needed/multiple services considered; associated surgical services, durable medical equipment (DME) rental of cold therapy unit for seven (7) days; associated surgical services, purchase of crutches and associated surgical services, outpatient physical therapy two (2) times a week for six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left knee arthroscopy with surgical correction as needed/multiple services considered: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 injured worker is a 59-year-old female with a date of injury of 1/12/2012. She underwent arthroscopy of the left knee on 4/24/2012 with partial medial meniscectomy and chondroplasty. Progress notes dated July 15, 2015 indicate persistent left knee pain primarily in the medial compartment. The injured worker did not respond to physical therapy and a corticosteroid injection into the knee. Examination revealed range of motion 0-130°; with a small effusion and tenderness along the medial joint line. There was no instability. The MRI scan of the left knee dated 6/24/2015 is noted. The study was positive for an oblique tear with involvement of the inferior articular surface of the body of the medial meniscus and some truncation of the free margin of the medial meniscus at the junction of the body and posterior horn. Degenerative changes were also seen in the medial compartment of the knee with some moderate hypertrophic spurring. Slightly lax contour of the anterior cruciate ligament which was slightly heterogeneous in signal may represent a mild chronic tear. The documentation indicates that she had remained symptomatic after the prior arthroscopy and did not respond to physical therapy or the cortisone injection or anti-inflammatory medications. The duration of the conservative treatment is not documented. The provider suggested arthroscopy with partial medial meniscectomy and chondroplasty. The injured worker has osteoarthritis of the medial compartment of the knee associated with a tear in the inferior articular surface of the medial meniscus. The documentation does not indicate that this is a full-thickness tear or is displaced in any way. Truncation of the medial margin is usually seen after prior surgery. Additionally, the documentation indicates presence of moderate osteophyte formation and degenerative joint disease of the medial compartment. Standing films indicating the degree of narrowing of the medial joint space have not been submitted. 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. 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. In a randomized controlled trial arthroscopic surgery was not superior to supervised exercise alone after degenerative medial meniscal tear in older patients. Furthermore, ODG guidelines do not recommend articular shaving for chondromalacia. Chondroplasty is not recommended as a primary treatment for osteoarthritis. The request as stated does not specify the type of surgery that is being requested. In light of the foregoing, the request as stated is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associated surgical services: DME rental of cold therapy unit for seven (7) days: 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.

Associated surgical services: Purchase of crutches: 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.

Associated surgical services: Outpatient physical therapy two (2) times a week for six (6) weeks: 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.