

Case Number:	CM15-0149529		
Date Assigned:	08/12/2015	Date of Injury:	12/09/2014
Decision Date:	09/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/31/2015

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, Oregon, Washington
 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 50 year old male, who sustained an industrial injury on 12-9-14. He reported knee pain. The injured worker was diagnosed as having right knee medial meniscus tear and right knee mild to moderate osteoarthritis. Treatment to date has included physical therapy, Synvisc and hyaluronic acid injections, and medication. Physical examination findings on 6-17-15 included tenderness over the right knee medial and lateral joint line. McMurray's sign was positive. A MRI of the right knee revealed a decrease in height of the medial compartment with a torn subluxed meniscus, chondromalacia, subcortical marrow edema, and hypertrophic osteoarthritis changes. Findings were consistent with strains or chronic partial tears in the anterior and posterior cruciate ligaments. Currently, the injured worker complains of right knee pain with locking and catching. The treating physician requested authorization for right knee arthroscopy with medial meniscus surgery, chondroplasty and related procedures. Other requests included 8 sessions of physical therapy and post-operative crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy w/medial meniscus surgery, chondroplasty & related procedures:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344 and 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. 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.

Associated surgical services: 8 sessions of Physical therapy: 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: Post op 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.