

Case Number:	CM15-0160374		
Date Assigned:	08/26/2015	Date of Injury:	03/29/2013
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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 71 year old female, who sustained an industrial injury on 3-29-2013. The injured worker was diagnosed as having bilateral knee degenerative arthritis and right knee medial meniscal tear. Past medical history included hypertension, type 2 diabetes, high cholesterol, and rheumatoid arthritis. Treatment to date has included diagnostics, right (3-06-2014) and left knee arthroscopic surgery, injections, and medications. Currently (7-15-2015), the injured worker complains of pain and clicking in the knee. Pain was rated 9 out of 10. Medications included Voltaren gel, Celebrex, Gabapentin, and Norco. Exam noted no medial or lateral laxity, full extension of the knee, flexion to 135 degrees, positive McMurray's sign, pain with range of motion, and medial joint line tenderness. The treatment plan included a right knee arthroscopy, debridement, chondroplasty, medial and lateral meniscectomy, and continued medications. She was to use a knee sleeve. Her work status was modified. Magnetic resonance imaging was documented as showing tearing of the entire lateral meniscus, including the anterior horn, and tricompartmental degenerative arthritis. The use of Norco was noted since at least 4- 2015 and pain levels appeared consistent. Urine toxicology screening was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee arthroscopy, debridement, chondroplasty, medial and lateral meniscectomy:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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, Arthroscopic Surgery for osteoarthritis.

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. In this case the MRI demonstrates tricompartmental osteoarthritis of the knee. 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.

Norco 5/325mg, 1 every 4-6 hours as needed for pain, Qty: 50 Refill: unspecified: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.