

<b>Case Number:</b>	CM15-0183782		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/09/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

This injured worker is a 58 year old male who reported an industrial injury on 6-9-2015. His diagnoses, and or impressions, were noted to include: sprain of right knee & leg; and right knee medial meniscus tear, chondrosis, and synovitis. Recent magnetic imaging studies of the right knee were done on 7-16-2015, noting edema, joint space narrowing, ligament sprain, and meniscal tears. His treatments were noted to include: 6 physical therapy sessions, + additional physical therapy (June - July, 2015) - effective; a home exercise program; diagnostic magnetic imaging studies of the right knee (7-16-15); an orthopedic specialist evaluation (7-30-15); injection therapy - right knee (7-30-15); medication management; and modified work duties. The orthopedic surgeon progress notes of 8-20-2015 reported: unchanged complaints from his initial visit on 7-30-2015, with continued episodes of right knee instability and catching on the medial side of the knee, with twisting, pivoting and stepping off "curves"; a dull ache rated at 0-2 out of 10 and an intermittent sharp pain, rated 4-5 out of 10 that was relieved by rest. The objective findings were noted to include: an unchanged review of systems; tenderness at the medial joint line with positive medial facet tenderness; positive Apley's with pain medially; full passive range-of-motion; that the knee was liagmentously stable per a stability test; and that there was evidence of right knee mechanical symptoms and signs, corroborated by magnetic resonance imaging scan, for meniscal tear. The physician's requests for treatment were noted to include right knee arthroscopic meniscal chondral synovial debridement surgery for which he wished to proceed with. The Request for Authorization, dated 8-20-2015, was noted for: right knee arthroscopy meniscal chondral synovial debridement, with pre-operative clearance, and post-

operative physical therapy and Vascutherm cold compression - 7 day rental. The Utilization Review of 8-27-2015 non-certified the request for: right knee arthroscopy meniscal chondral synovial debridement, with pre-operative clearance, and post-operative physical therapy at 2 x a week x 8 weeks, and the 7 day rental of a Vascutherm cold compression unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee arthroscopy meniscal chondral synovial debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. 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." 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." In this case the MRI demonstrates changes consistent with osteoarthritis of the knee. As the patient has significant osteoarthritis the request is not medically necessary.

**Pre-op clearance:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op physical therapy 2x8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Vascutherm cold compression x 7 day rental:** 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) 19th Edition Knee Chapter.

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.