

Case Number:	CM15-0186478		
Date Assigned:	09/28/2015	Date of Injury:	06/26/2015
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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 68-year-old male, who sustained an industrial injury on 6-26-15. The injured worker has complaints of pain to the right knee. Lower extremity examination revealed no edema, right patellar and fibular head tenderness, no ballottement, no joint laxity in varus, valgus, anterior and posterior stress test. The diagnoses have included knee injury and sprain and strain knee, leg other right. Right knee X-ray on 7-2-15 showed mild osteoarthritis of the right knee. magnetic resonance imaging (MRI) of the right knee on 8-17-15 showed radial tear in the posterior horn of the medial meniscus with a complex undersurface tear at the junction of the posterior horn and body of the meniscus. Treatment to date has included Norco; Flexeril; knee brace; using a crutch; ice and home exercise program. The original utilization review (9-14-15) modified the request for right knee partial medial meniscectomy with drilling or microfracture to right knee partial medial meniscectomy only. The request for post-operative physical therapy for the right knee 2 times a week for 6 weeks (12 sessions) was modified 2 visits per week for 3 weeks for a total of 6 sessions. The request for associated surgical services, assistant surgeon was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee partial medial meniscectomy with drilling or microfracture: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Indications for surgery, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, 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 of full passive flexion); and consistent findings on MRI. In this case, the x-rays from 7/2/15 demonstrate 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 the Official Disability Guidelines, arthroscopic surgery for osteoarthritis is 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.

Post-operative physical therapy for the right knee 2 times a week for 6 weeks (12 sessions):
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: Assistant surgeon: 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.