

Case Number:	CM15-0187237		
Date Assigned:	09/29/2015	Date of Injury:	03/30/2011
Decision Date:	11/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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 58 year old female, who sustained an industrial-work injury on 3-30-11. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral post traumatic degenerative joint disease (DJD) and left knee medial meniscus tear. Medical records dated 7-10-15 indicate that the injured worker complains of burning pain in the bilateral knees, left worse than the right. The physician indicates that during physical therapy for back surgery about a year ago she had left knee pain and has had pain ever since then. The physician also indicates that the Magnetic Resonance Imaging (MRI) of the left knee "is suspicious for re-tear of the medial meniscus and medial compartment chondromalacia." The work status is not noted. The physical exam dated 7-10-15 reveals that the left knee exam shows medial and lateral joint line tenderness and left knee active range of motion with extension is 0 degrees and flexion is 135 degrees. The passive range of motion with extension is 0 degrees and flexion is 135 degrees. The active and passive range of motion is pain free and normal. The physician indicates that she continues to be symptomatic in the left knee and has not improved with non-operative treatment and therefore, recommends surgical intervention with left knee arthroscopy. Treatment to date has included pain medication including Ibuprofen, Tramadol, Vicodin, Percocet, Flexeril, Trazadone, right knee surgery 1-20-12, left knee surgery 5-14-12, and other modalities. There is no recent physical therapy notes related to the left knee. Magnetic resonance imaging (MRI) of the left knee dated 2-17-15 reveals status post partial medial meniscectomy involving the posterior horn, and there is a flap tear involving the body of the medial meniscus. There is moderate chondromalacia involving the posterior surface of the left

medial femoral condyle with moderate associated subchondral edema. There is mild left patellar tendinosis, small left popliteal cyst and mild scar tissue in the left infrapatellar fat pad from prior left knee arthroscopic surgery. The requested service included Left knee arthroscopy. The original Utilization review dated 8-27-15 non-certified the request for Left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: 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 and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

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." In this case the MRI from 2/17/15 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. 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.