

Case Number:	CM15-0189984		
Date Assigned:	10/02/2015	Date of Injury:	10/18/2002
Decision Date:	11/16/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: Minnesota, Florida
 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 46 year old male, who sustained an industrial injury on 10-18-2002. The injured worker is undergoing treatment for severe medial compartment arthritis and mild to moderate patellofemoral compartment arthritis of the right knee, severe medial compartment arthritis and mild to moderate patellofemoral compartment arthritis of the left knee rule out associated with complex medial meniscus tear, and morbid exogenous obesity. Medical records dated 8-20-2015 indicate the injured worker complains of bilateral knee pain with re injury of the left knee in July 2015. The treating physician indicates review of 8-12-2012 left knee magnetic resonance imaging (MRI) showing medial meniscus tear and "moderate to severe tricompartmental arthritic degenerative changes." Physical exam dated 8-20-2015 notes antalgic gait, crutches and knee braces, right knee crepitus with decreased range of motion (ROM) with cracking and tenderness to palpation. The left knee is tender to palpation, minimal patellar lateral terminal deviation with extension, decreased range of motion (ROM), severe guarding, crepitus and positive compression test. Treatment to date has included bilateral knee arthroscopies, failed hyaluronic injections, crutches, failed cortisone injection, exercise program and Norco. The original utilization review dated 8-27-2015 indicates the request for left knee arthroscopy, arthroscopic surgery, and a possible arthrotomy and post-operative physical therapy twice per week for six weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, arthroscopic surgery, and a possible arthrotomy: 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) Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

Decision rationale: The injured worker has osteoarthritis of both knees, diabetes, and morbid obesity. He had undergone bilateral knee arthroscopies in the past. Imaging studies of the left knee show tricompartmental osteoarthritis, severe in the medial compartment and patellofemoral joint. Corticosteroid injections and Viscosupplementation did not offer much relief. The provider is requesting a repeat arthroscopy for osteoarthritis and degenerative meniscal tears. Possible arthrotomy is also requested. California MTUS guidelines indicate that arthroscopy and partial meniscectomy may not be beneficial in the presence of degenerative changes in the joint. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. 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. The only indication for arthroscopic surgery in osteoarthritis is a large loose body or other such obvious mechanical problem. Degenerative meniscal tears are not an indication for surgery. As such, the request for arthroscopic surgery in the presence of severe osteoarthritis is not recommended and the medical necessity of the request has not been substantiated.

Post-operative physical therapy twice per week for six weeks: 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.