

Case Number:	CM15-0191582		
Date Assigned:	10/05/2015	Date of Injury:	03/09/2014
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

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 57 year old male who sustained an industrial injury on 03-09-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right knee chondromalacia, synovitis and internal derangement of the right knee. According to the treating physician's progress report on 08-17-2015, the injured worker continues to experience right knee pain. Examination demonstrated right knee swelling and tenderness along the medial joint line. Range of motion was slightly restricted with extreme flexion due to pain. McMurray's test was positive with internal rotation. There was no laxity of the joint and no muscles atrophy. Varus and valgus tests were negative. Right knee magnetic resonance imaging (MRI) was performed on 06-02-2014 demonstrating no evidence of a meniscus tear and only degenerative changes. According to the 08-17-2015 progress note the second surgical opinion recommended intervention. Prior treatments have included diagnostic testing, rest, ice, physical therapy (6 sessions), home exercise program, steroid injection, Synvisc injection (02-23-2014), second surgical opinion, knee brace and medications. Current medications were listed as Aleve, Ibuprofen, Allopurinol and vitamins. The injured worker is on modified duty with work restrictions. Treatment plan consists of continuing with home exercise program and the current request for right knee arthroscopy, debridement. On 09-04-2015, the Utilization Review determined the request for right knee arthroscopy, debridement was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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.

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 6/2/14 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." The patient has osteoarthritis and no other evidence of intra-articular pathology, which would benefit from surgical treatment, the determination is for non-certification for the requested knee arthroscopy. The request is not medically necessary.