

Case Number:	CM15-0197374		
Date Assigned:	10/12/2015	Date of Injury:	01/23/2006
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 a work related injury on 1-23-06. A review of the medical records shows she is being treated for bilateral knee pain, left greater than right. Treatments have included physical therapy, cortisone injections, many knee surgeries and medications. Current medications include Oxycodone, Flexeril, Nexium and Ambien. In the progress notes, the injured worker reports left greater than right knee pain with load and weight bearing. She "continues to be debilitated by her knee pain." On physical exam dated 8-24-15, the left knee is tender to palpation of the lateral and medial joint. She has 5+ out of 5 motor strength in the quadriceps and hamstring. Left knee flexion is at 130 degrees. MRI of left knee dated 2-4-15 reveals "tricompartamental osteoarthritis with moderately severe cartilage loss in the central and periphery of the medial compartment with prominent adjacent subchondral edema. Subchondral edema is also seen in the medial patellar facet adjacent to mild cartilage thinning. Macerated, essentially absent posterior horn and body of the medial meniscus. Intact anterior cruciate ligament with cystic degeneration. Moderate joint effusion with synovitis." No notation of working status. The treatment plan includes a request for a left knee scope surgery, for a electronic wheelchair versus paratransit transportation and for TED hose stockings. The Request for Authorization dated 9-11-15 has a request for left knee surgery. In the Utilization Review dated 9-17-15, the requested treatment of left knee arthroscopy-debridement-chondral meniscal surgery is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy-Debridement/Chondral Meniscal Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM's Occupational Medicine Practice Guidelines, Second Edition, Chapter 6 - Pain, Suffering, and the Restoration of Function; Official Disability Guidelines, Knee & Leg, Online Version, Arthroscopy, Meniscectomy, Loose body removal surgery (arthroscopy), Chondroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

Decision rationale: 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 tricompartmental osteoarthritis on the MRI from 2/4/15, the determination is for non-certification for the requested knee arthroscopy. Therefore, the request is not medically necessary.