

Case Number:	CM15-0203326		
Date Assigned:	10/21/2015	Date of Injury:	10/05/2012
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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 64 year old female, who sustained an industrial injury on 10-5-2012. A review of the medical records indicates that the injured worker is undergoing treatment for right joint pain of the left leg, right knee tear of the medial meniscus, and right knee tear of the lateral meniscus. On 8-27-2015, the injured worker reported right knee pain. The Primary Treating Physician's report dated 8-27-2015, noted the injured worker with a complex medical history of uncontrolled diabetes, three post-procedural strokes with the most recent after a procedure in 2014, a heart attack in 2010 with a stent placed, on Plavix, and shortness of breath when walking up the stairs. The injured worker was noted to have not had a stroke after any of the knee scopes. The injured worker's current medications were noted to include Lantus, Humalog, Glipizide, Pravastatin, Losartan, Levothyroxine, Famotidine, Clopidogrel, Carvedilol, and Amlodipine. The physical examination was noted to show tenderness to the right knee and lateral joint line, with crepitus and decreased range of motion (ROM). The injured worker's right patella reflex was noted to be 2-4 with a positive Apley's grind test. A right knee MRI on 1-23-15 was noted to reveal chondromalacia patella, tear of the lateral meniscus, and defect of the medial meniscus. The Physician noted the injured worker was unable to walk because of the pain and was eager to pursue treatment so she could return to walking. Prior treatments and evaluations have included a MRI showing MMT and LMT, right knee arthroscopy 2013 and 2014, and medications including Hysingla, Aspirin, Norco, Diclofenac, Relafen, and Codeine. The treatment plan was noted to include an arthroscopy to help with the pain associated with the lateral meniscus tear. The request for authorization dated 9-10-2015, requested a right knee arthroscopy-meniscectomy, post-op physical therapy x12 for the right knee, and a Polar Care

unit x7 days rental. The Utilization Review (UR) dated 9-16-2015, non-certified the requests for a right knee arthroscopy- meniscectomy, post-op physical therapy x12 for the right knee, and a Polar Care unit x7 day's rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy/meniscectomy: Upheld

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

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 & Meniscectomy section.

Decision rationale: According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 8/27/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. 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 1/23/15 demonstrates 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 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 determination is for not medically necessary for the requested knee arthroscopy.

Post-op physical therapy x 12 for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis & Meniscectomy section.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Polar care unit x 7 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 regarding continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.