

<b>Case Number:</b>	CM15-0028843		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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  
 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 75 year old female, who sustained an industrial injury on 12/15/09. She has reported left knee injury. The diagnoses have included osteoarthritis of the knee and knee pain. Treatment to date has included medications, diagnostics, conservative measures, surgery and injections. Surgery included left knee arthroscopy on 1/30/13. Currently, the injured worker complains of pain and burning left leg and back of calf and complaint of left knee pain. Deep Venous Thrombosis (DVT) results were negative. Magnetic Resonance Imaging (MRI) of the left knee dated 12/2/14 revealed increased osteophytes within medial compartment of the knee, post surgical change, degenerative fraying of the anterior cruciate ligament without rupture., mild tenosynovitis of the patella tendon, edema of the medial femoral condyle, thickened medial plica and ruptured baker's cyst. The injured worker was being seen on 2/9/15 for the third Epidural Steroid Injection (ESI) to right knee. She denies any changes since last visit. She is awaiting approval for left knee arthroscopy. Physical exam revealed weight 161 pounds, height 5 foot 5 inches and pain in the left knee was rated 3/10 on pain scale. Current medications were documented. On 12/13/15 Utilization Review non-certified a request for Left knee arthroscopy with synovectomy, removal of loose body, meniscectomy, chondroplasty citing (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines and <http://www.ncbi.nlm.nih.gov/pubmed/15002354>. Pre-op medical clearance citing non (MTUS) Medical Treatment Utilization Schedule <http://www.guideline.gov/content.aspx?id=48408>. Post-op crutches citing Official Disability Guidelines (ODG), Knee & Leg, Walking aids and 6

sessions of post op physical therapy, 2 times weekly for the left knee citing (MTUS) Medical Treatment Utilization Schedule post surgical treatment pages 24-25.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left knee arthroscopy with synovectomy, removal of loose body, meniscectomy, chondroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15002354>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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 12/2/14 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."As the patient has significant osteoarthritis the determination is for non-certification for the requested knee arthroscopy.

#### **Pre-op medical clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, preoperative testing.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

#### **Post-op crutches: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, walking aids.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**6 sessions of post op physical therapy, 2 times weekly for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.