

Case Number:	CM15-0029010		
Date Assigned:	02/23/2015	Date of Injury:	09/20/2006
Decision Date:	04/07/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/17/2015

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 59-year-old female, who sustained a work/ industrial injury on 9/20/06 to both knees. She has reported symptoms of bilateral knee pain, rated 8/10 without medication and 3-4/10 with medication and popping. Prior medical history includes anxiety. Surgery included a prior arthroscopy. The diagnoses have included pain in joint to left and right lower leg, chondromalacia of right patella, and unspecified internal derangement. Treatments to date included lab studies, diagnostics, medication, and surgery. Diagnostics included a Magnetic Resonance Imaging (MRI) from 2/17/15. Medications included Tramadol. Recent lab studies included a Complete Blood Count (CBC), basic metabolic panel, hepatic panel, and urinalysis that were normal. Examination noted range of motion from 0-130 degrees with pain at the endpoint. There was tenderness over the medial and lateral joint line and positive McMurray's test over both knees. There was a positive patellar grind test and no laxity was noted. A request was made for follow up with an orthopedic surgeon. On 2/17/15, Utilization Review non-certified a Follow up visit with orthopedic surgeon. The Official Disability (ODG) Guidelines, Pain, Office Visits was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with orthopedic surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Knee, Topic: Arthroscopic surgery for osteoarthritis, Office Visits.

Decision rationale: This is a request for an orthopedic surgery consultation with regard to the right knee. MRI scan of the right knee dated February 17, 2015 is noted. The report indicates presence of osteoarthritis in the patellofemoral joint and the medial compartment and to a lesser extent in the lateral compartment. Grade 4 chondromalacia was noted in the patellofemoral joint. A horizontal tear was noted in the posterior horn of the medial meniscus approximately 2 cm in length without displacement indicating a degenerative tear. Another horizontal degenerative tear was noted in the body of the lateral meniscus approximately 2.5 cm in length. A 4 cm Baker's cyst was also noted. 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. In the meniscal tear and osteoarthritis research trial there were similar outcomes from physical therapy versus surgery. Another systemic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with nonoperative treatment. Horizontal tears of menisci by definition are degenerative tears caused by myxoid degeneration between the superior and inferior flaps of the meniscus which separates the meniscus into two flaps. These tears do not cause pain. Removing the meniscus will only hasten the degenerative process. As such, surgery is not recommended for horizontal tears. With regard to the request for consultation, office visits are recommended as determined to be medically necessary. However, based upon the guidelines, there is no indication for arthroscopic surgery at this time. The provider requested a corticosteroid injection at the last visit on January 30, 2015 which was appropriate. Documentation does not indicate need for a total knee arthroplasty at this time. As such, the request for another orthopedic surgery consultation at this time is not supported and the medical necessity of the request is not established.