

<b>Case Number:</b>	CM15-0214260		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 was a 57 year old male, who sustained an industrial injury, March 23, 2015. The injured worker was undergoing treatment for right knee internal derangement with a bi-compartmental osteoarthritis with degenerative tear of the medial and lateral meniscus of the right knee. According to progress note of September 10, 2015, the injured worker's chief complaint was right knee pain. The injured worker was having locking and catching of the right knee. The physical exam noted right knee osteoarthritis right knee medial ad lateral meniscal tear. The range of motion of the knee was 10 degrees about 120 degrees of flexion with focal tenderness along the medial joint line with a mild positive McMurray's test. The injured worker previously received the following treatments Norco, ice therapy 3 times daily for 20 minutes, Tramadol, Tylenol, Advil and unloader brace. The RFA (request for authorization) dated October 8, 2015; the following treatments were requested a right knee arthroscopy debridement and partial medial meniscectomy. The UR (utilization review board) denied certification on October 14, 2015; for the right knee arthroscopy debridement and partial medial meniscectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopy Debridement and Partial Medical Meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG Knee Chapter, Indications for Meniscectomy.

**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.

**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 imaging studies demonstrate bi-compartmental 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 knee arthroscopy is not medically necessary. The request is not medically necessary.

**Post-Op Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG Knee Chapter, Cold Therapy.

**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, Knee and Leg Chapter / continuous flow cryotherapy.

**Decision rationale:** The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter / continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. The request is not medically necessary. Therefore, the request is not medically necessary.

**Post Op Physical Therapy (12-sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

**Decision rationale:** The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy,

page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.