

Case Number:	CM15-0214307		
Date Assigned:	11/04/2015	Date of Injury:	03/30/2000
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	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: Montana, Oregon, Idaho

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 57 year old male who sustained an industrial injury March 30, 2000. Past history included left open cuff repair shoulder June 18, 2015. Diagnoses are spondylolisthesis; tear lateral and medial meniscus knee; cervicalgia; cervical disc degeneration; bicipital tenosynovitis; rotator cuff tear. According to a primary treating physician's progress report dated September 21, 2015 the injured worker presented with complaints of left shoulder pain with limited motion and tightness in the bilateral shoulders and intermittent pain in the bilateral knees, worse right knee with a meniscal injury, right medial meniscus. Objective findings included; Right Knee; Apley's and McMurray's test positive, Childress Sign positive; Left Knee; Apley's McMurray's O'Donahue's Patellar Grind and Payr's Tests are positive Merke's sign positive. At issue, is a request for authorization dated September 22, 2015, for a right knee arthroscopy and debridement and post-operative physical therapy. According to utilization review dated October 1, 2015, the requests for Right Knee Arthroscopy and Debridement and Post-operative Physical Therapy, 3 x 4, right knee were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy and debridement: Upheld

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

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.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344 and 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 9/21/11 and XR 7/12/13 from 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 non-certification for the requested knee arthroscopy. In this case, the submitted documents do not report subjective symptoms of a symptomatic meniscus tear which would benefit from surgery. The submitted documentation does not describe locking or recurrent effusion. There is no documentation of a failed trial of conservative management. In this case the MRI from 9/21/11 and XR 7/12/13 from demonstrates osteoarthritis of the knee. An official radiology report of weightbearing x-rays of the right knee have not been included to grade the severity of disease. The request does not meet the criteria set forth in the guidelines for arthroscopic meniscectomy, therefore the request is not medically necessary.

Post-operative physical therapy, 3 times a week for 4 weeks, for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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