

Case Number:	CM15-0214436		
Date Assigned:	11/04/2015	Date of Injury:	02/12/2002
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
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 70 year old, female who sustained a work related injury on 2-12-02. A review of the medical records shows she is being treated for right knee pain. In the progress notes dated 8-25-15, the injured worker reports mechanical symptoms of right knee locking and buckling upon pivoting and turning. She reports right knee pain, achiness, stiffness and swelling. On physical exam dated 8-25-15, she shows right knee varus mal-alignment. She has tenderness to the posterior joint line. She has a positive McMurray's sign. She has +1 right knee effusion. She has decreased range of motion in right knee. She has 4 out of 5 strength in the right knee. Treatments have included right knee surgery in 2002, rest, ice therapy, right knee injections, home exercises and medications. Physical therapy has been requested and denied. No physical therapy or other treatments to date. The provider states the results of the 10-21-14 MRI of right knee reveals "grade 4 medial compartment osteoarthritis as well as medial meniscus tear." Current medications include-none listed. She is temporarily totally disabled. The treatment plan includes a request for physical therapy. If physical therapy is of no or little benefit, the provider states right knee surgery would be recommended. In the Utilization Review dated 10-21-15, the requested treatment of right knee surgery is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee revision diagnostic/operative arthroscopic meniscectomy VS. repair possible debridement and /or chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-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.

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." 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 MRI from 10/21/14 demonstrates osteoarthritis of the knee and a degenerative medial 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." In this setting a meniscectomy would not reliably produce objective benefit. In addition a course of physical therapy was requested at the same time and there is no evidence the worker has yet failed a conservative trial. Therefore the request is not medically necessary.