

Case Number:	CM15-0032641		
Date Assigned:	02/26/2015	Date of Injury:	07/07/2009
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/20/2015

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:

This 55 year old male sustained a work related injury on 07/07/2009. According to a progress report dated 08/14/2014, the injured worker felt persistent symptoms of right knee pain with locking and grinding sensation. There was diffuse tenderness over the right knee. There was patellofemoral crepitus during range of motion of the right knee. Quad strength right knee was 4/5. Range of motion of the right knee was painful beyond 100 degrees flexion but passively up to 125 degrees. McMurrays test was positive. Apley's test was positive over the right knee. There was no obvious neurovascular deficit noted over the right lower limb. Diagnoses included internal derangement right knee, degenerative arthritis right knee and tear of posterior horn of the medial meniscus right knee. According to the provider, in view of the degenerative arthritis, the injured worker may need total knee replacement of the right knee. However, due to a problem with his heart and lungs he would need to be cleared first before surgery. On 02/21/2014, office notes indicated that the injured worker had a flare up of his right knee one month prior when he was driving and felt a snap in his knee. His knee swelled and was immediately painful. He used a cane to aid with ambulation and his limping had aggravated his lumbar spine pain. Treatment plan included 12 physical medicine sessions for thoracic spine, lumbar spine and right knee, interferential current muscle stimulator and a lumbosacral orthosis to support the lumbar spine and decrease pain. On 02/10/2015, Utilization Review non-certified right knee arthroscopy and right knee brace. According to the Utilization Review physician, in regard to right knee arthroscopy, there was no documentation of conservative management. Official Disability Guidelines were referenced. In regard to right knee brace, the records provided did not indicate

patellar instability, anterior cruciate ligament tear or medical collateral ligament or that the injured worker was going to be stressing the knee under load, such as climbing ladders or carrying boxes. CA MTUS ACOEM Practice Guidelines, Chapter 13, page 340 were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: 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-Diagnostic Arthroscopy.

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 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 MRI from 4/7/14 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.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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

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