

<b>Case Number:</b>	CM15-0032931		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/29/1993
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

The injured worker is a 47-year-old female who sustained an industrial injury on 9/29/93. The injured worker reported symptoms in the bilateral knees. The diagnoses included left knee internal derangement, status post arthroscopic incision and drainage, and right knee osteoarthritis and anterior cruciate ligament tear. Treatments to date include status post arthroscopic incision and drainage, topical gel, H-wave therapy, and oral pain medications. In a progress note dated 1/19/15 the treating provider reports the injured worker was "here today for "Euflexxa #3." Claimant is status post on 1/5/15, 1/12/15 and 1/19/15 Euflexxa injections into the knee. Agreed medical exam from 8/12/14 demonstrates report that there is lack of success in the literature for advanced degenerative arthritis of the knee. On 2/11/15 Utilization Review non-certified the request for right knee arthroscopic irrigation and debridement. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Irrigation and Debridement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg (Acute & Chronic).

**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, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** CA MTUS/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 Agreed Medical Exam from 8/12/14 references advanced degenerative joint disease of the claimant's knees. There is no formal MRI report in the submitted records. 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 by report and lack of advanced imaging reports in the records, the determination is for non-certification for the requested knee arthroscopy.