

Case Number:	CM15-0033337		
Date Assigned:	02/26/2015	Date of Injury:	02/10/2012
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	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 50-year-old female, who sustained a work related injury on 2/10/12. She tripped on cables that were on the floor and fell. The diagnoses have included right knee sprain, complex tear of anterior horn of lateral meniscus right knee and status post right knee surgery. Radiographs of the knee from 2/8/13 demonstrate degenerative changes involving the lateral compartment of the knee. Treatments to date have included exercises, home exercise program, physical therapy, TENS unit therapy, x-rays right knee on 2/8/13, MRI right knee done on 8/14/14 and previous right knee surgery on 10/10/12. In the PR-2 dated 1/14/15, the injured worker complains of right knee pain. She rates this pain a 4/10. She has tenderness to deep palpation of right knee medial joint line. She will return to full work duty with no restrictions. On 1/20/15, Utilization Review non-certified a request for right knee surgery. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with debridement and chondroplasty of patellofemoral joint:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

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 radiographs of the knee from 2/8/13 demonstrate degenerative changes involving the lateral compartment 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.