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| Case Number: | CM15-0036404 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 02/28/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Minnesota, Florida
 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 66 year old female who reports a cumulative trauma injury to the right knee from February 28, 2010 to February 28, 2011. The injured worker is status post right knee surgery consisting of arthroscopy with subtotal lateral meniscectomy performed on September 4, 2013. The operative report is not submitted. She has persisting right knee pain despite absence of any other reported trauma. Per RFA of 1/5/2015 her right knee pain level was 7/10 while resting and 8-9/10 with activities. The pain was associated with weakness, numbness, giving way, locking, grinding and swelling of the right knee. The pain radiated to the left buttock and leg and foot. The pain was worse in the mornings and with bending forward, bending to the left, sitting, lifting, and walking. X-rays of the right knee obtained on 11/18/2014 revealed mild-to-moderate degenerative change of both medial and lateral tibiofemoral compartments. An MRI scan of the right knee without contrast performed on April 29, 2014 revealed moderate degenerative changes of the posterior horn of the medial meniscus, findings consistent with tears of the posterior horn, body and anterior horn of lateral meniscus, mild to moderate tricompartmental degenerative changes, and a small joint effusion. Osteophyte formation was noted in the lateral compartment. The articular cartilage was partially denuded. An MR arthrogram of the right knee performed on March 14, 2014 demonstrated a subtotal lateral meniscectomy, tear in the posterior horn remnant, and extrusion of the meniscal body out of the joint space. Medial and lateral femoral tibial osteoarthritis and joint space narrowing was noted. The provider requested authorization for right knee diagnostic arthroscopy, possible partial meniscectomy, chondroplasty, synovectomy, and removal of loose body. Additional requests included preoperative medical

clearance, postoperative physical therapy, postoperative knee brace, and postoperative cold therapy. The requested surgery was noncertified by utilization review as there was no documentation of appropriate attempts at conservative care, specifically the number of visits of physical therapy to date, clarification if the x-rays were standing and documentation of amount of remaining joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, possible partial meniscectomy, chondroplasty, synovectomy and removal of loose body: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery - Meniscectomy, Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Knee, Topic: Meniscectomy, Chondroplasty.

Decision rationale: The injured worker has evidence of osteoarthritis of the right knee status post subtotal lateral meniscectomy with a tear in the remnant of the posterior horn of the lateral meniscus. There is evidence of narrowing of the joint space and osteophyte formation, particularly in the lateral compartment. Degenerative changes are also noted in the medial compartment and patellofemoral joint. California MTUS guidelines indicate arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Official Disability Guidelines indicate the advantage of most surgery to treat meniscus tears appears to be limited to short-term relief of pain and mechanical catching but not prevention of eventual osteoarthritis. Due to loss of meniscal cushioning following acute traumatic tears with or without additional removal of meniscal tissue osteoarthritis progression simply becomes inevitable. The benefit of surgery for atraumatic tears or in the presence of significant osteoarthritis drops off dramatically and may even be harmful, further accelerating osteoarthritis progression. Due to the unsolved issue of osteoarthritis progression despite surgery, many indications for surgery in the past are now being questioned. With regard to the request for chondroplasty, Official Disability Guidelines do not recommend chondroplasty for osteoarthritis since arthroscopic surgery does not offer any added benefit to optimized physical therapy and medical treatment in the presence of osteoarthritis. There is no specific chondral defect identified on the imaging studies that needs to be addressed. The injured worker underwent surgery consisting of a subtotal lateral meniscectomy in September 2013. There is no documentation of a recent comprehensive nonsurgical treatment program for osteoarthritis with corticosteroid injections and an exercise rehabilitation program consisting of physical therapy and/or home exercise program. As such, the request for arthroscopy of the right knee with possible partial meniscectomy, chondroplasty, synovectomy, and removal of loose body is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, this request is not medically necessary.

Pre-Operative Medical Clearance: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy 2-3 x 4 weeks: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Knee Brace and Crutches: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Cold Therapy Unit 7 Days Rental: 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 surgical procedure is not medically necessary, none of the associated services are medically necessary.