

<b>Case Number:</b>	CM15-0036816		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 IW has evidence of tricompartmental chondromalacia and a partial medial meniscal tear at the root of the posterior horn as described in the MRI report from 5/30/2014. California MTUS guidelines indicate surgical considerations in patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines indicate that 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. The benefit of surgery for atraumatic tears or in the presence of significant osteoarthritis drops off significantly and may even be harmful, further accelerating the progression of osteoarthritis. The injured worker has evidence of tricompartmental chondromalacia with a partial degenerative tear of the root of the posterior horn of the medial meniscus. This was noted on the MRI scan of May 30, 2014 and has likely progressed along with the degenerative changes in the joint. Standing films have not been obtained and so the degree of joint space narrowing has not been documented. Her symptoms have clearly progressed over the last one year and so have the physical findings. The examination of 2/26/2015 documented large deformed arthritic appearance of the knee. She has had non-operative treatment including physical therapy, exercise program, medications and injections. She had tricompartmental chondromalacia on the MRI scan a year ago. The MRI scan also revealed evidence of

patellofemoral malalignment at that time. The request at this time is for meniscal and chondral surgery and debridement and not for a total knee arthroplasty. The injured worker does not meet the criteria for meniscal surgery. The guidelines do not recommend chondroplasty in the presence of degenerative changes in the joint. ODG guidelines indicate that arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. There is no specific chondral defect on the MRI scan that needs attention. Arthroscopic debridement of osteoarthritis is not recommended. In light of the foregoing, the guideline criteria for meniscal and chondral surgery as requested have not been met. As such, the medical necessity of the request has not been substantiated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left knee debridement and chondrol meniscal surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** The IW has evidence of tricompartmental chondromalacia and a partial medial meniscal tear at the root of the posterior horn as described in the MRI report from 5/30/2014. California MTUS guidelines indicate surgical considerations in patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines indicate that 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. The benefit of surgery for atraumatic tears or in the presence of significant osteoarthritis drops off significantly and may even be harmful, further accelerating the progression of osteoarthritis. The injured worker has evidence of tricompartmental chondromalacia with a partial degenerative tear of the root of the posterior horn of the medial meniscus. This was noted on the MRI scan of May 30, 2014 and has likely progressed along with the degenerative changes in the joint. Standing films have not been obtained and so the degree of joint space narrowing has not been documented. Her symptoms have clearly progressed over the last one year and so have the physical findings. The examination of 2/26/2015 documented large deformed arthritic appearance of the knee. She has had nonoperative treatment including physical therapy, exercise program, medications and injections. She had tricompartmental chondromalacia on the MRI scan a year ago. The MRI scan also revealed evidence of patellofemoral malalignment at that time. The request at this time is for meniscal and chondral surgery and debridement and not for a total knee arthroplasty. The injured worker does not meet the criteria for meniscal surgery. The guidelines do not recommend chondroplasty in the presence of degenerative changes in the joint. ODG guidelines indicate that

arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. There is no specific chondral defect on the MRI scan that needs attention. Arthroscopic debridement of osteoarthritis is not recommended. In light of the foregoing, the guideline criteria for meniscal and chondral surgery as requested have not been met. As such, the medical necessity of the request has not been substantiated.

**Pre-operative clearance: H and P, EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative physical therapy for the left knee, 3 times a week for 8 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**DME: purchase of crutches: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative DME: 14 day rental of game ready cryo unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Keflex 500 mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Phenergan 25 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Ibuprofen 600 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.

**Percocet 10/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343, 344, and 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Meniscectomy, chondroplasty, arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated services are medically necessary.