

Case Number:	CM15-0040896		
Date Assigned:	03/11/2015	Date of Injury:	07/23/2007
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/04/2015

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 49-year-old male, who sustained an industrial injury on 07/23/2007. Initial complaints and diagnoses were not provided, but it was noted that the injured worker has experienced ongoing cervical and lumbar spine pain with associated symptoms, and bilateral knee pain with associated symptoms. Treatment to date has included conservative care, medications, MRI of the lumbar spine (02/25/2014), MRI and CT scan of the cervical spine, right knee surgery (2008 and 07/05/2013), Sudomotor testing (10/09/2014), lumbar fusion (04/14/2014), sleep study, upper and lower gastrointestinal exam, physical therapy, and cortisone injections to the knees. Currently, the injured worker complains of severe right knee pain with locking and giving-way. MRI of the right knee from November 18, 2014 demonstrates a loose body within the intracondylar notch and mild osteophyte formation projecting from the articular surfaces. There is a posterior horn of the medial meniscus, which is small and deformed which is suspicious for a tear with missing meniscal tissue. Current diagnoses pertinent to these complaints include internal derangement of the bilateral knees, and right knee medial cartilage/meniscus tear. The current treatment plan included continued medications for pain, and request for right knee arthroscopic surgery with meniscus repair followed by post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Knee Arthroscopy with meniscus repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 MRI from 11/18/14 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 for the requested knee arthroscopy is not medically necessary.