

<b>Case Number:</b>	CM15-0044193		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 53 year old female, who sustained an industrial injury on 7/12/2006. She has reported a fall landing on her hands and knees. The diagnoses have included painful right total knee replacement. She is status post left knee modified McKay osteotomy of left knee 2009, status post right modified McKay tibial tubercle osteotomy in 2010, status post right total knee arthroplasty 2011, and status post manipulation of right knee 1/13/2012 under anesthesia. Treatment to date has included medication therapy, physical therapy, and joint injections. Currently, the IW complains of continued pain in the right knee rated 8/10 VAS at its worst. The physical examination from 10/16/14 documented range of motion 0-110 degrees, tender lateral and medial joint line with stable ligaments. The plan of care included right knee arthroscopic synovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy /surgery:** 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 (ODG) Knee& Leg, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** ODG states "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. (Kirkley, 2008) (Marcus, 2002) (Moseley, 2002) In the Meniscal Tear in Osteoarthritis Research (METEOR) trial, there were similar outcomes from PT versus surgery. (Katz, 2013) In this RCT, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. (Herrlin, 2007) Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with non-operative management. (Khan, 2014) See also Meniscectomy, Physical therapy vs. surgery." ACOEM states 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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The treating physician did not provide medical imaging and documentation to fully detail what lesion was surgically correctable in the patient's knee. In the absence of documentation, the treating physician has not provided documentation of medical imaging that demonstrates the need for surgical intervention at this time. As such, the request for Right knee arthroscopy /surgery is not medically necessary.