MAXIMUS Federal Services

Case Number:	CM15-0084160		
Date Assigned:	05/05/2015	Date of Injury:	11/08/2014
Decision Date:	07/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/28/2015

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 61-year-old female, who sustained an industrial/work injury on 11/8/14. She reported initial complaints of right knee pain. The injured worker was diagnosed as having right internal knee derangement and osteoarthritis. Treatment to date has included medication and diagnostics. MRI results were reported on 12/10/14 with report of a lateral meniscal anterior tear, small to minimal development unstable chondral flap seen along the medial weight bearing portion of the femoral condyle. X-Rays results were reported on 1/8/14 revealed joint effusion and patellofemoral degenerative changes. Currently, the injured worker complains of right knee pain and mechanical symptoms. Per the primary physician's progress report (PR-2) on 3/7/15, exam revealed moderate patellofemoral crepitation, medial and lateral joint line tenderness, and positive McMurray's test. The requested treatments include right Knee mensicectomy and debridement, Assistant Surgeon, 16 post-operative physical therapy visits, 4 capsules of Keflex 500mg, and 10 Tablets of Zofran 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Mensicectomy and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis, Meniscectomy.

Decision rationale: The injured worker is a 61-year-old female with a date of injury of 11/8/2014. She stated that she was walking on the floor checking on patients. As she turned to leave the room she heard and felt a pop in the right knee. An x-ray of the right knee obtained on the same day revealed moderate degenerative changes in the patellofemoral joint space with some vague lucencies along the articular surface of the patella. An irregular posterior calcific density was seen on the lateral view that may represent a somewhat unusual fabella. There was minimal narrowing of the medial compartment with small medial osteophytes. No acute fractures were present. An MRI scan of the right knee dated 12/10/2014 revealed a small peripheral tear of the medial meniscus, a macerated tear of the anterior horn of the lateral meniscus, high-grade chondral loss over the mid patellar ridge with underlying subchondral cystic changes and a small to minimal unstable chondral flap of the medial femoral condyle. There was a mild joint effusion. An orthopedic examination of the right knee dated March 7, 2015 revealed range of motion from 0-130. There was no patellar instability or apprehension. There was patellofemoral crepitation present with range of motion. Her Q angle and patellar tilt were within normal limits. She had medial and lateral joint line tenderness. McMurray was positive with varus and valgus stress. The knee was stable to anterior, posterior, medial and lateral stress. The documentation indicates that she was taking Naprosyn and Vicodin. There was a history of back surgery in the past. There is no documentation of conservative treatment with physical therapy, home exercise rehabilitation program, corticosteroid injections, or Viscosupplementation. A request for right knee meniscectomy and debridement was noncertified by utilization review as there was no documentation of failure of conservative care with physical therapy, or corticosteroid injections. The decision was appealed but physical therapy and steroid injection were still not documented. Therefore the decision was upheld. In light of the above findings, the primary issue here is patellofemoral arthritis as manifested by a crepitus in the patellofemoral joint with range of motion and some mechanical symptoms. There is also mild narrowing of the medial compartment reported associated with small osteophytes which may indicate that the maceration of the anterior horn of the lateral meniscus is a degenerative tear. The nature of the small peripheral tear of the medial meniscus is not known. However, based upon the description as being a small tear, it is not likely to be the source of mechanical symptoms. California MTUS guidelines indicate that arthroscopy with meniscectomy may not be equally beneficial for individuals who exhibit degenerative changes in the joint. The guidelines also indicate a trial of conservative treatment including exercise programs to increase range of motion and strength of the musculature around the knee prior to surgical considerations. ODG guidelines do not recommend arthroscopic surgery in the presence of osteoarthritis except for a few indications such as a large loose body or a large displaced meniscal tear that is causing significant mechanical symptoms. Such is not the case here. 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. The injured worker clearly has the most severe changes in the patellofemoral joint. She will likely benefit from conservative treatment that has not yet been documented

such as physical therapy and corticosteroid injections and possibly viscosupplementation. In the absence of such documentation, the request for arthroscopy with meniscectomy and debridement is not supported by guidelines and as such, the medical necessity of the request has not been substantiated.

Associated surgical services: Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345.

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

16 post-operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345.

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

4 capsules of Keflex 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Cephalexin (Kelfex).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345.

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

10 Tablets of Zofran 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 345.

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