

<b>Case Number:</b>	CM15-0089166		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 55 year old male who sustained an industrial injury on July 3, 2006. He has reported injury to the lumbar spine and bilateral knees and has been diagnosed with degenerative disc disease and a disc bulge of the lumbar spine at L5-S1 plus facet spondylosis at L4-5 and at L5-S1 associated with bilateral low extremity radiculitis, right knee medial meniscus tear plus a lateral meniscus tear with arthritis and probable synovitis, left knee arthritis and probable synovitis, chronic pain syndrome associated with hypertension, lumbar disc degenerative disease, lumbar intervertebral protrusion, lumbar spondylosis, lumbar sacral radiculitis, other tear of medial meniscus injury, and other tear of lateral meniscus, unilateral post-traumatic osteoarthritis, transient synovitis right knee, unilateral post-traumatic osteoarthritis left knee, transient synovitis left knee, pain in left knee, internal derangement of the left knee, and chronic pain syndrome. There is moderated tenderness over the lumbar spinous process mainly at the lumbosacral junction. Straight leg raise test in the sitting position is done at 70 degrees with bilateral knee pain and lower back pain. There was very mild medial patellar tenderness. The treatment request included surgery of the right knee. The reported meniscal tears include a horizontal tear of the anterior horn of the lateral meniscus and a complex tear of the posterior horn of the medial meniscus. The morphology of the tears is consistent with degenerative tears. The requested surgical procedure is not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy and possible arthrotomy, as outpatient: 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): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The injured worker has evidence of osteoarthritis and medial and lateral meniscal tears, which are more than likely degenerative tears. The procedure requested is arthroscopy and possible arthrotomy. The name of the surgical procedure to be performed is not listed. California MTUS guidelines indicate that arthroscopic partial meniscectomy may not be equally beneficial in patients with osteoarthritis. The guidelines also do not recommend shaving of chondromalacia. ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. 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. In the meniscal tear and osteoarthritis research trial there were similar outcomes from physical therapy versus surgery. As such, the request for arthroscopy with possible arthrotomy is not supported and the medical necessity of the request has not been substantiated.

**12 Post-OP Physical Therapy 2x6 weeks for the right knee: 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): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic Surgery for osteoarthritis.

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

**Associated surgical service: Aspen lumbar brace: 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) Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

**Associated surgical service: Walker, right knee:** 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) Knee & Leg.

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

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

**Tramadol 50mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

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