

Case Number:	CM15-0089209		
Date Assigned:	05/13/2015	Date of Injury:	10/31/2013
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	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: California, Indiana, Oregon
 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:

This is a 49 year old female with an October 31, 2013 date of injury. A progress note dated March 10, 2015 documents subjective findings (thoracolumbar spine pain; coccyx pain; right knee pain that radiates to the right mid-calf; gastritis at times), objective findings (decreased range of motion of the lumbar spine with tenderness over the L5-S1 and over the coccyx, more so on the right than left, with paraspinous muscle spasms; antalgic gait favoring the right lower extremity with tenderness over the medial and lateral malleolus and patella), and current diagnoses (lumbar spine intervertebral disc disorder; thoracic spine sprain/strain; coccydynia; right knee sprain/strain). Treatments to date have included medications, therapy, acupuncture, chiropractic treatment, and magnetic resonance imaging of the right knee (May 2, 2014; showed oblique tear posterior horn of the medial meniscus extending to the inferior articular surface, and tricompartmental osteoarthritic changes manifested by joint space narrowing and osteophyte formation). The medical record identifies that medications and therapy help control the pain. The treating physician documented a plan of care that included right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee surgery: Upheld

Claims Administrator 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/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 5/2/14 demonstrates osteoarthritis of the knee. 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 requested surgery is not medically necessary.