

Case Number:	CM15-0231798		
Date Assigned:	12/07/2015	Date of Injury:	08/12/2011
Decision Date:	01/19/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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 52 year old female with an industrial injury date of 08-12-2011. Medical record review indicates she is being treated for lateral meniscus tear of left knee and severe arthritis of left knee. Subjective complaints (09-17-2015) included "constant" pain in left knee rated as 7-8 out of 10. The pain is reported as increasing when walking for too long along with flexing and extending. Associated symptoms were "some" tingling and instability. Work status (09-16-2015) was documented as return to modified work with no bending, stooping, twisting or squatting. In the treatment note dated 10-19-2015 the treating physician noted the injured worker complained of left knee feeling weak and she walked more with a limp. "Her left knee gives out and she loses her balance." The injured worker states since her last visit she was feeling worse. Current medications (09-17-2015) included Naproxen and Norco. Prior treatments included Synvisc injection, Cortisone injection into the knee and medications. MRI of the left knee dated 08-13-2015 was read as follows: Compared to prior exam dated 07-23-2013, there is interval development of horizontal tear of anterior horn of the lateral meniscus. There is no significant change in cartilaginous thinning involving the medial, lateral and patello femoral compartments. Compared to prior exam there is interval increase in the size of the joint effusion. Objective findings (09-17-2015) included tenderness at lateral and medial joint line. The injured worker also reported pain and crepitus with patella compression. Objective findings dated 10-19-2015 noted tenderness to palpation over the anteromedial, mid medial and anterolateral of the left knee. Moderate swelling was noted with limited range of motion. On 11-05-2015 the request for Left knee arthroscopy and pre-op medical clearance was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg Diagnostic arthroscopy: Criteria for diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

Decision rationale: The injured worker is a 52-year-old female with a date of injury of 8/12/2011. She has a known diagnosis of severe osteoarthritis of the left knee. She complains of 7/8/10 pain in the left knee. An MRI scan of the left knee dated 8/13/2015 revealed a truncated appearance of the body of the lateral meniscus unchanged in appearance compared to prior exam which may be related to surgery. There was a horizontal tear of the anterior horn of the lateral meniscus but no medial meniscal tear. Degenerative changes with mild to moderate thinning of the articular cartilage in the medial compartment and moderate to severe thinning of the lateral tibial plateau articular cartilage, mild degenerative changes of the trochlea, small spurs of the patella, severe thinning of the lateral patellar facet and patellar apex articular cartilage inferiorly, mild to moderate thinning of the trochlear articular cartilage centrally, and a moderate sized knee effusion were noted. The provider has documented the lateral meniscal tear associated with severe arthritis of the left knee. A cortisone injection was given into the joint on 8/20/2015. ODG guidelines do not recommend arthroscopic surgery in the presence of 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. The horizontal tear of the anterior horn of the lateral meniscus is a degenerative tear by definition. In the Meniscal Tear in Osteoarthritis Research trial there were similar outcomes from physical therapy versus surgery. In this RCT arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tear in older patients. Arthroscopic surgery of the knee in the presence of significant osteoarthritis should only rarely be considered for major definite and new mechanical locking/catching such as a large loose body after failure of non-operative treatment. The most recent guidelines from American Academy of Orthopedic Surgeons indicate that arthroscopic debridement or lavage is just not recommended for patients with primary diagnosis of symptomatic osteoarthritis of the knee. In light of the foregoing, the request for arthroscopy of the left knee is not supported and the medical necessity of the request has not been substantiated.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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