

<b>Case Number:</b>	CM14-0128658		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/08/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female clerk sustained an industrial injury on 2/8/09 relative to a slip and fall. Injuries were reported to the low back, right knee hip, groin and right ankle. The patient underwent right knee arthroscopy with debridement of the osteochondral lesion, microfracture of the lateral femoral condyle, and partial resection of a lateral meniscus tear and a very small medial meniscus tear on 6/28/12. She was diagnosed with moderate to severe right Achilles tenosynovitis and multilevel degenerative disc disease with spondylolisthesis at L4/5 and degenerative disc disease at L5/S1. The 4/2/14 physical therapy progress report indicated the patient had completed 6 visits relative to a diagnosis of right foot tendonitis and tenosynovitis with an increase in right knee and upper back pain. The 4/23/14 right knee MR arthrogram impression documented worsening of lateral joint osteoarthritis with increasing chondromalacia changes and an increase in a subchondral cyst along the posterior lateral femoral condyle since 4/22/12. There were grade 2 changes in the medial and lateral menisci. There was no intra-articular contrast extending into these areas suggestive of a meniscal tear. There was some thinning of the lateral patellar retinaculum and adjacent inflammatory changes suggestive of a grade 1 sprain or possibly related to prior surgery. The 6/26/14 treating physician report indicated that the knee was doing better and not hurting as bad with good and bad days. She had really sharp pains on the side of her knee that sometimes woke her at night. Sometimes, she had a lot of pain with weight bearing and the knee got stiff after sitting. She was taking oral medications, using Voltaren gel, and tried to do stretching and home exercises. Physical exam documented effusion, pain with patellofemoral compression and motion, no crepitus, slight medial joint line pain, and tenderness over the lateral femoral condyle and lateral joint line. McMurray's test was painful in internal rotation. Full extension was very painful and flexion was painfree. Spring test was painful. There was slightly limited range of motion in flexion. The

diagnosis was osteoarthritic changes of the compartment of the knee. The anterior horn of the lateral meniscus appeared to be torn on MRI and she had a medial plica that appears to be symptomatic. The treatment plan recommended continued exercise, right knee injection in one month, and consideration of viscosupplementation injections. As a last resort, the treater considered an arthroscopic debridement of the knee, including resection of her plica. The patient remained at full duty work. A subsequent request for right knee arthroscopic limited plica resection and meniscectomy was submitted 7/7/14. The 7/25/09 utilization review denied the request for right knee arthroscopy as conservative treatment had not been fully completed, including injections or viscosupplementation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Surgery - Right Knee Arthroscopy x1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Arthroscopic surgery for osteoarthritis; Meniscectomy

**Decision rationale:** The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines (ODG) state that arthroscopic surgery is not recommended for osteoarthritis. Guidelines state that arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. Guideline criteria have not been met. There is no evidence in the reviewed records of mechanical right knee symptoms. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure, including corticosteroid injection or viscosupplementation, within the past 2 years has not been submitted. Recent physical therapy was direct to the right Achilles. There is no evidence of significant functional limitation relative to the right knee. Therefore, this request is not medically necessary.