

<b>Case Number:</b>	CM14-0188573		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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. 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 37-year-old male who was injured on 6/18/2014. The injury was to the right knee. Arthroscopic medial meniscectomy for the right knee was certified on 8/7/2014. On 8/4/2014, the injured worker complained of worsening of left knee pain. He also reported grinding in the left knee with weight bearing. MRI scan of the left knee dated 8/15/2014 is reviewed. The documentation indicates greater than 50% cartilage loss along the peripheral meniscal weight-bearing surface of the medial compartment of the knee as well as 50% cartilage loss along the central non-meniscal weight-bearing surface of the medial tibial plateau. Tricompartmental osteophytosis is documented. Mild chondral thinning along the peripheral meniscal weight-bearing surface of the lateral compartment is noted. A horizontal tear through the posterior horn of the medial meniscus with extension to the tibial articular surface extending into the posterior root and body of the meniscus as well. The lateral meniscus was intact. The injured worker had undergone arthroscopy of the right knee with continuing pain for which Viscosupplementation was authorized on 4/8/2015. A request for left knee arthroscopy, medial meniscectomy, and postoperative physical therapy (12-sessions), cold therapy unit (2 weeks) and crutches for purchase was noncertified by utilization review on 10/23/2014. California MTUS and ODG guidelines were cited. In particular, there was no conservative treatment with physical therapy or a supervised home exercise program documented for the left knee prior to the surgical request. The only physical therapy documented was for the right knee. This has been appealed to an independent medical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Knee Arthroscopy, Medial Meniscectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Meniscectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Arthroscopic Surgery for Osteoarthritis, Meniscectomy.

**Decision rationale:** California MTUS guidelines indicate arthroscopy and meniscal surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The guidelines indicate surgical considerations upon failure of exercise programs to increase range of motion and strength of the musculature around the knee. The documentation provided does not indicate an exercise rehabilitation program of weeks/months for the left knee with compliance and failure. No physical therapy has been documented for the left knee. 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. Meniscectomy for degenerative tears in the presence of osteoarthritis is no better than physical therapy. As such, the request for surgery is not supported and the medical necessity of the request has not been substantiated.

### **Post-Operative Physical Therapy (12-sessions for the left knee):** 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.

### **Associated Surgical Service: Cold Therapy Unit (2-week rental):** 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.

### **Associated Surgical Service: Crutches (purchase):** 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.