MAXIMUS Federal Services

Case Number:	CM14-0214494		
Date Assigned:	01/07/2015	Date of Injury:	12/18/2013
Decision Date:	03/04/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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 57-year-old female with a date of injury of 12/18/2013. Per primary physicians progress report dated 11/5/2014 the injured worker has osteoarthritis of both knees with bilateral medial meniscal tears. She is status post left knee arthroscopy, now 10 weeks post surgery. She is undergoing physical therapy and states that the left knee is slightly better. She complains of constant right knee pain. Right knee flexion is 115 with pain and extension is -5. McMurray is positive. Motor strength is 5/5. Authorization is requested for right knee arthroscopy due to an acute medial meniscal tear. However, the onset was insidious and gradual. The documentation does not indicate any mechanical symptoms pertaining to the right knee. No effusion is documented. There is an operative report pertaining to the left knee dated 8/19/2014. The findings included grade 3 chondromalacia of the femoral trochlea requiring debridement, grade 3 chondromalacia of medial femoral condyle with a complex posterior horn medial meniscal tear requiring debridement. There was grade 3 chondromalacia of the lateral femoral condyle requiring debridement. The MRI findings pertaining to the right knee are not submitted. A request for right knee arthroscopy, surgical, for removal of loose body or foreign body such as osteochondritis dissecans fragmentation, chondral fragmentation, arthroscopy, knee, surgical, synovectomy major, 2 or more compartments, arthroscopy knee, surgical, with meniscectomy medial or lateral, including any meniscal shaving, including debridement/shaving of articular cartilage (chondroplasty), same or separate compartments when performed, arthroscopy, knee, surgical, debridement/shaving of articular cartilage (chondroplasty) was noncertified by

utilization review sating California MTUS guidelines and ODG guidelines. This is now 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:

Right Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Meniscectomy, Chondroplasty

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

Decision rationale: The injured worker has evidence of osteoarthritis of both knees. Per left knee surgical report there was grade 3 chondromalacia of the medial and lateral compartments as well as patellofemoral joint. There was a complex tear of the posterior horn of the medial meniscus which is a common manifestation of a degenerative tear. With regard to the right knee, no mechanical symptoms of catching, locking, popping or recurrent effusions are documented. The diagnosis is osteoarthritis per progress notes. Radiology reports pertaining to x-rays or MRI scans are not submitted. California MTUS guidelines indicate arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines indicate arthroscopic surgery for osteoarthritis is 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. In the Meniscal Tear in Osteoarthritis Research trial, there were similar outcomes from PT versus surgery. In this randomized clinical trial, arthroscopic surgery was not superior to supervised exercise alone after nontraumatic degenerative medial meniscal tear in older patients. Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild to no osteoarthritis provided no benefit when compared with nonoperative treatment. Based upon the above guidelines the requested surgical procedure for the right knee is not supported and as such, the medical necessity of the procedures is not substantiated.