

Case Number:	CM14-0217798		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2008
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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 61 year old male with a date of injury of September 3, 2008. Results of the injury include left knee pain. Diagnosis include recurrent medial meniscal tear, left knee and history of lower extremity deep vein thrombosis (DVT). Treatment has included medication regime, physical therapy, and hot and cold modalities. Magnetic resonance imaging (MRI) scan of the left knee dated October 17, 2013 revealed medial meniscus tear with narrowing of the medial compartment and cartilage loss with subchondral edema. there is a question of a tear of the mid portion of the medial meniscus as well. Possible anterior cruciate ligament sprain. Please correlate for anterior cruciate ligament insufficiency. X-rays of the left knee revealed severe medial joint space narrowing and degenerative changes to the patella. Progress report dated January 28, 2015 showed a + 1 effusion to the left knee. There was tenderness to palpation of the medial joint line. Range of motion was 0-120 degrees. McMurrays maneuver was positive. Work status was noted as temporary partially disabled with modified work duties. The treatment plan included authorization for left knee surgery, medications, activity modification as needed, and use of hot and cold modalities. Utilization review form dated December 15, 2014 non certified left knee arthroscopy partial medial meniscectomy, venous Doppler left lower extremity, surgical assistant, pre-op labs CBC, CMP, and EKG, PO Norco 5/325 # 60, PO Physical Therapy 2 x 6, PO cold compression unit E1399 x 7 days due to noncompliance with ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy partial medial meniscectomy: 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, Knee and Leg Chapter, Meniscectomy

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 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 do not recommend arthroscopic surgery for 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. In the Meniscal Tear and Osteoarthritis Research trial there were similar outcomes from physical therapy versus surgery. In this randomized control trial arthroscopic surgery was not superior to supervised exercise alone after nontraumatic degenerative medial meniscal tear in older patients. The injured worker already had arthroscopic surgery with associated failure on one occasion. He has severe degenerative joint disease of the medial compartment and patellofemoral joint. Based upon the above, the request for arthroscopy with medial meniscectomy is not supported by guidelines and as such, the medical necessity of the request is not substantiated.

Venous Doppler left lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation NULL

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

Surgical assistant: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Section: Knee, Topic: Arthroscopic Surgery for Osteoarthritis.

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

Pre op labs CBC, CMP and EKG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Section: Knee, Topic: Arthroscopic Surgery for Osteoarthritis.

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

Post op Norco 5/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Section: Knee, Topic: Arthroscopic Surgery for osteoarthritis

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

Post op Physical therapy 2x6: Upheld

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

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

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

Post op Cold compression unit x 7 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Section: Knee, Topic: Arthroscopic Surgery for osteoarthritis

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