MAXIMUS Federal Services

Case Number:	CM15-0111139		
Date Assigned:	06/17/2015	Date of Injury:	08/13/2013
Decision Date:	07/16/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Indiana, Oregon
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 54 year old male who reported an industrial injury on 8/13/2013. His diagnoses, and/or impressions, are noted to include: bilateral knee tendinitis/bursitis; and right knee meniscal tear. No current imaging studies are noted, magnetic resonance imaging studies of the right knee showing an under-surface tear in the medial meniscus, sprain of the medial collateral ligament, and tri-compartmental osteoarthosis, on 10/22/2014. His treatments have included diagnostic studies; physical therapy with multiple modality treatments; trans-cutaneous electrical stimulation unit therapy; medication management and rest from work. The progress notes of 3/9/2015 were noted to include complaints of constant aching, sharp, shooting and burning pain in the knees, with swelling, clicking and popping sounds, and the locking and giving out of her knees causing imbalance, an uneven gait, and difficulty sleeping; and that these were aggravated by activities causing the inability to ascend/descend stairs. Objective findings were noted to include decreased range-of-motion in the left knee; bilateral knee crepitus and patellar tenderness with firm compression; bilateral medial and lateral joint line tenderness; tenderness at the bilateral medial and lateral patellar facets; and positive McMurray's on the right. The physician's requests for treatments were noted to include right knee arthroscopy with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial menisectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case, the MRI from 10/22/14 demonstrates osteoarthritis of the knee. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "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." As the patient has significant osteoarthritis, the request is not medically necessary.