

Case Number:	CM15-0114810		
Date Assigned:	06/23/2015	Date of Injury:	02/18/2000
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 61 year old female, who sustained an industrial injury on 2/18/2000. Diagnoses include left knee degenerative joint disease and left knee possible medial meniscus tear. Treatment to date has surgical intervention (left knee arthroscopy 2001 with debridement of medial meniscus tear and second left knee arthroscopy in 2004 with debridement of lateral discoid meniscus), and currently medications including NSAIDs. Magnetic resonance imaging (MRI) of the left knee dated 3/19/2015 revealed mild degenerative arthritic changes, lateral meniscal tear and moderate knee effusion. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported constant pain in the left knee since December. Physical examination of the left knee revealed range of motion 1-120 degrees. There was tenderness medially with mild crepitus. The plan of care included diagnostics. Authorization was requested for surgical intervention on 5/12/2015, including arthroscopy with debridement and lateral meniscal tear meniscectomy of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with debridement for the left knee QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. 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: CA MTUS/ACOEM is silent on debridement for osteoarthritis. 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. The worker has arthritis on MRI and x-ray. Debridement is not a recommended treatment and is therefore not medically necessary.

Arthroscopy lateral meniscal tear meniscectomy left knee QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. 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). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the MRI from 3/19/15 does not clearly demonstrate a meniscus tear as the signal is noted in an area of prior meniscectomy. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.