

Case Number:	CM15-0127532		
Date Assigned:	07/14/2015	Date of Injury:	06/16/1988
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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 female who sustained an industrial injury on 06/16/1988. Mechanism of injury was a slip and fall from a ladder. Diagnoses include posttraumatic arthritis, degenerative lateral meniscus and chronic ACL tear, likely secondary to work related traumatic event with lateral tibial plateau fracture, and medial meniscus tear likely secondary to chronic ACL insufficiency. Treatment to date has included diagnostic studies, status post right lateral tibial plateau fracture from an accident in 1988, medications, and physical therapy. An unofficial report of a Magnetic Resonance Imaging of the right knee showed complex tear of the lateral meniscus, radial tear involving medial meniscus and chronic ACL tear. A physician progress note dated 03/17/2015 documents the injured worker complains of right medial knee pain. She rates her pain as 8 out of 10 on the pain scale. Her pain is sharp, stabbing and intermittent. Symptoms include swelling, locking/catching and buckling/giving way. There is tenderness to palpation at the medial joint line and crepitation is present. Treatment requested is for a right knee arthroscopy.

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 (ODG-TWC), Knee & Leg Chapter: Arthroscopic surgery for osteoarthritis.

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." 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." In this case the x-ray 3/17/15 showed extensive arthritic changes in the lateral compartment. As the patient has significant osteoarthritis the request is not medically necessary.