

Case Number:	CM15-0173213		
Date Assigned:	09/15/2015	Date of Injury:	03/23/2015
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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, Oregon, Washington
 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 58 year old male who sustained an industrial injury on 3-23-15. A review of the medical records indicates he is undergoing treatment for sprain and strain of the right knee and contusion of the lower back. Medical records (6-29-15 to 7-30-15) indicate ongoing complaints of low back pain with radiation to bilateral legs, affecting the right greater than left, as well as right knee pain - worse with prolonged standing and walking. He was evaluated by an orthopedic surgeon on 7-30-15. The physical exam noted "moderate focal tenderness bilaterally over the L3-L4, L4-L5, and L5-S1 posterior spinous processes and paravertebral muscles". There was noted limitation in range of motion and mild weakness of the lumbar spine. Straight leg raising was positive on the right for calf and foot pain "at about 80 degrees". The left was negative "to 90 degrees". The right knee was noted to have tenderness "along the medial compartment with varus deformity of the right knee". There was limitation noted in range of motion. Diagnostic testing has included an MRI of the lumbar spine and right knee. He has also had x-rays of the right knee, thoracic spine, and lumbar spine. Treatment has included non-steroidal anti-inflammatory medications and modified work duties. The treatment recommendations were a referral to pain management and an intra-articular injection of his right knee. Medications included Ibuprofen and Ultracet. The treating provider stated "Due to findings on his MRI and x-ray, I think a total knee arthroplasty on a long-term basis is probably the treatment of choice, which will help best his limitations at this time. A video arthroscopy was requested of his right knee, as well as medial and lateral meniscectomy. The utilization review (8-20-15) indicates denial of service based on the clinical information provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Video Arthroscopy Medial and Lateral Menisectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

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 of the knee 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.