

Case Number:	CM15-0173494		
Date Assigned:	09/15/2015	Date of Injury:	07/02/2013
Decision Date:	10/16/2015	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 42-year-old female who sustained an injury on 7-2-13. The medical records indicate complaints of ongoing right knee pain. On 8-26-13 MRI lower extremity right knee reveals degenerative arthritis right knee; mild chondromalacia of patella. MRI right knee report 12-5-14 indicates Grade I signal seen within the body and posterior horns of the medial and lateral menisci with no definitive tear. 8-7-15 examination indicates she has pain, weakness, numbness and tingling in her right knee and rates the pain as 10 out of 10. The knee frequently gives out on her and the symptoms are relieved by rest and aggravated by activity. The examination of the right knee reveals effusion; pain during range of motion; popping, crepitus and locking. There is tenderness to palpation over the non-weight bearing portion of the medial femoral condyle. X-rays from this visit reveal right sided medial compartment joint space loss consistent with arthritis as well as a superior patellar osteophyte. Diagnoses right knee medial meniscus tear; right knee medial plica and right knee chondromalacia. She has had multiple treatments including medication, physical therapy, cortisone and Synvisc injections (without relief); knee brace and knee sleeve. These treatments have not provided long standing significant relief. Current requested treatments right knee partial medial meniscectomy plica excision and chondroplasty arthroscopy surgery; 12 post op physical therapy sessions, 3 times a week for 4 weeks, right knee. Utilization review 8-20-15 requested treatments are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Partial Medial Meniscectomy Medial Plica Excision and Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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: The CA MTUS/ACOEM Practice Guidelines, states that 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 12/5/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. 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 the Official Disability Guidelines, arthroscopic surgery for osteoarthritis is 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.

Post Op Physical Therapy (12-sessions, 3 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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