

<b>Case Number:</b>	CM15-0174538		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 68 year old female who sustained an industrial injury on 4-28-10. Diagnoses included internal derangement, tendinitis bilateral shoulders; internal derangement, osteoarthritis bilateral knees; capsulitis "frozen" left shoulder; carpal tunnel syndrome bilateral wrists; de Quervain's tendinitis bilateral wrists; musculoligamentous sprain of the cervical spine; tear medial and lateral meniscus bilateral knees. She currently (7-21-15) complains of bilateral shoulder pain radiating down the arms with limited range of motion; bilateral wrist pain and cracking, popping and burning; bilateral knee pain, left greater than right with stiffness and burning in the morning; neck pain, stiffness and popping. On physical exam there was tenderness about the medial left knee with positive McMurray's maneuver. Diagnostics included MRI of the left knee (10-19-13) showing medial and lateral meniscus tears; chondromalacia patella with medial and lateral compartment degenerative changes. Treatments to date include pain management; electrical stimulator unit; medications: OxyContin, Flexeril, Lyrica, Voltaren gel, Zanaflex, failed Ultram, Cymbalta, Lidoderm; physical therapy but not attending per 5-5-15 note; lumbar trigger point injection (5-2010) with some relief; lumbar epidural steroid injection (5-2011) with good relief for 3 weeks; lumbar facet injection (7-2012); hot-cold packs; acupuncture. In the progress note dated 7-21-15 the treating provider's plan of care included requests for left knee arthroscopy with pre-operative chest x-ray and labs; transcutaneous electrical nerve stimulator unit 30 day rental; cold therapy unit for use up to 7 days; post-operative physical therapy twice per week for 8 weeks. The request for authorization dated 8-6-15 included left knee arthroscopy with pre-operative chest x-ray and labs; transcutaneous electrical nerve stimulator unit 30 day rental; cold therapy unit for use up to 7 days; post-operative physical therapy twice per week for 8 weeks. On 8-13-15, utilization review evaluated and non-certified the requests for

left knee arthroscopy with pre-operative chest x-ray and labs; transcutaneous electrical nerve stimulator unit 30 day rental; cold therapy unit for use up to 7 days; post-operative physical therapy twice per week for 8 weeks based on no documentation of failed conservative therapy to the knee and no documentation of recent aggressive treatment to the knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left knee arthroscopy with treatment as indicated:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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 MRI demonstrates osteoarthritis of the knee. As the patient has significant osteoarthritis the request is not medically necessary.

**Pre op chest x-ray and lab:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical Service: TENS unit 30 day rental:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Cold therapy unit 7 day rental:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post op physical therapy 16 sessions 2 times 8:** Upheld

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

**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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.