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| Case Number: | CM15-0177461 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/06/2006 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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
 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 52 year old male, who sustained an industrial injury on June 6, 2006. On August 3, 2015, the injured worker reported that his left knee was hurting "more and more." His left knee range of motion was 3 to 77 degrees with crepitus and moderate effusion. He had medial joint line tenderness and crepitus with 2+ effusion. His right knee was documented to be achy in character. His pain was rated an 8-9 on a 10-point scale at rest up to 7 on a 10-point scale "left knee especially." He had varus knees, effusion and crepitus on range of motion of the left lower extremity. His left lower extremity had 5-91 range of motion. He had 4-5 strength in the quadriceps. He had medial 1+ laxity, small effusion and crepitus and joint line tenderness. An MR left knee arthrogram on July 17, 2014 revealed body centered medial meniscal free edge fraying with a short segment subtle oblique tear and central femoral trochlear full-thickness cartilage fissuring with subjacent marrow edema. The injured worker was diagnosed as having status post right knee arthroscopy 2006 and rule out recurrent right knee internal derangement. Treatment to date has included diagnostic imaging and medications. A request for authorization for left knee arthroscopy, possible arthroscopic medial menisectomy vs. repair, debridement and chondroplasty, pre-operative medical clearance, post-operative physical therapy 3 times 6, and post-operative crutches was received on August 5, 2015. On August 21, 2015, the Utilization Review physician determined that left knee arthroscopy, possible arthroscopic medial menisectomy vs. repair, debridement and chondroplasty, pre-operative medical clearance, post-operative physical therapy 3 times 6, and post-operative crutches was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, possible arthroscopic medial meniscectomy vs. repair, debridement and chondroplasty: Upheld

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

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, meniscectomy.

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 from 7/17/14 demonstrates evidence of 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." It is unclear from the exam note of 7/17/14 of objective evidence supporting the need for arthroscopy in the setting of an osteoarthritic knee. Therefore determination is for not medically necessary.

DME: post-op crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, walking aids.

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 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg preoperative testing.

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