MAXIMUS Federal Services

Case Number:	CM15-0178968		
Date Assigned:	09/21/2015	Date of Injury:	07/06/2012
Decision Date:	11/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This is a 49 year old male with a date of injury on 7-6-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain, persistent left knee residuals status post arthroscopy, impaired gait secondary to left knee pain, right knee sprain-strain rule out internal derangement and right knee meniscal tear. Medical records (4-22-2015 to 7-29-2015) indicate ongoing low back pain and bilateral knee pain. He reported trouble standing, with popping in both legs. Per the progress report dated 7-2-2015, the injured worker "did see an AME, who indicated him for right knee arthroscopy for the meniscal tear seen on the MRI." According to the progress report dated 7-29-2015, the knee pain was worsening. He rated his right knee pain as five out of ten and left knee pain as seven to eight out of ten with grinding and locking. The physical exam (7-29-2015) revealed a slight antalgic gait pattern. Exam of the right knee revealed tenderness medially and anteriorly. There was positive McMurray's sign. Treatment has included physical therapy and medication (Tramadol). Per the Agreed Medical Examination (AME) report dated 1-16-2015, right knee magnetic resonance imaging (MRI) dated 6-20-2014 showed "with underlying attenuation horizontal oblique tear medial meniscus, flap tear posterior horn, Grade IV chondromalacia, bone on bone appearance medial weight bearing surface of medical femoral condyle and medial tibial plateau, slight attenuation free edge lateral meniscus anterior and posterior horn, small effusion with synovitis and a plica." The original Utilization Review (UR) (8-20-2015) denied a request for right knee arthroscopy with partial meniscectomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial meniscetomy: Upheld

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

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 and 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 6/20/14 demonstrates evidence of 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 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 7/29/15 of objective evidence supporting the need for arthroscopy in the setting of an osteoarthritic knee. Therefore the request is not medically necessary.

Pre-op medical clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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

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

Post op physical therapy 2x6: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.