

Case Number:	CM15-0068412		
Date Assigned:	04/16/2015	Date of Injury:	12/08/2014
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: Minnesota, Florida
 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 was a 59-year-old male, who sustained an industrial injury on December 8, 2014. The injured worker's left leg fell through a porch floor. The injured worker had end-stage osteoarthritis of the knee prior to the injury and 5 days before the injury had undergone a left knee MRI that revealed tricompartmental severe osteoarthritis and degenerative tearing of the medial meniscus. He had previously received the following treatments: Tramadol, Voltaren transdermal, Prilosec and physical therapy. The injured worker was diagnosed with bilateral knee pain and right hip pain. According to progress note of February 9, 2015, the injured worker continued to complain of bilateral knee pain. The pain was aggravated by standing and walking. The pain was constant and worse at times. The injured worker rated the pain at 8 out of 10; The injured worker's pain was described as sharp ache. The right knee pain was moderate pain that improved with physical therapy. The left knee had continued pain and swelling. The right hip pain was increasing with motion. The physical exam noted muscle weakness of the right knee, left knee, and lower back. There was low back pain, joint pain, joint stiffness, muscle aches and pains. The treatment plan included left knee arthroscopic surgery with medial meniscectomy. The request was non-certified by utilization review using CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis.

Decision rationale: The injured worker is a 59-year-old male with a date of injury of 12/8/2014. Documentation indicates the presence of severe osteoarthritis prior to the injury. His left leg fell through when he was walking on a porch causing injury to both knees. He had been seen 5 days before for an MRI scan of the left knee, which revealed tricompartmental osteoarthritis, most severe in the medial and patellofemoral compartments, medial meniscus tearing throughout the posterior horn extending to the posterior junctional zone. On a subsequent examination of March 3, 2014, there was bilateral knee pain, more on the left. Associated symptoms included soreness, stiffness, swelling, aching and occasional twinge and weakness. The discomfort had not changed. The provider requested arthroscopy with partial medial meniscectomy. California MTUS guidelines indicate that meniscectomy may not be equally beneficial for those with degenerative changes in the joint. ODG guidelines do not recommend arthroscopy in the presence of osteoarthritis. Arthroscopic surgery for degenerative meniscal tears provides no benefit when compared to non-operative treatment. Arthroscopic surgery in the presence of significant osteoarthritis should only rarely be considered for major definite and new mechanical locking/catching for example a large loose body, after failure of non-operative treatment. As such, the request for arthroscopy with partial medial meniscectomy is not supported and the medical necessity of the request has not been substantiated. Therefore, this request is not medically necessary.