

<b>Case Number:</b>	CM15-0072066		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/10/2007
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 is a 45-year-old male, with a reported date of injury of 08/10/2007. The diagnoses include right knee pain, right medial meniscal tear, and osteoarthritis of the right knee. Treatments to date have included two right knee surgeries, oral medications, an MRI of the right knee. The medical report dated 02/24/2015 indicates that the injured worker was there to review the MRI of his right knee, which showed evidence of a medial meniscal tear with osteoarthritis. The treatment plan included an outpatient arthroscopic evaluation to address the meniscal pathology. According to the medical report dated 02/11/2015, the injured worker complained of right knee pain. The physical examination showed mild effusion, full extension, flexion at 120 degrees, no instability, and some medial joint line tenderness. The treating physician requested an arthroscopy of the right knee and a one-day length of stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Arthroscopic Surgery for Osteoarthritis.

**Decision rationale:** California MTUS guidelines indicate that arthroscopy with meniscal surgery may not be equally beneficial for those with degenerative changes. ODG guidelines do not recommend arthroscopic surgery in the presence of osteoarthritis. Arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. The most recent AAOS guidelines also indicate that arthroscopic debridement or lavage is just not recommended for patients with primary diagnosis of symptomatic osteoarthritis of the knee. Removing a degenerative tear of the medial meniscus is no better than physical therapy and medication. In fact, removing the remaining meniscus will accelerate the underlying condition of osteoarthritis and necessitate a total knee arthroplasty much sooner. The only indication for arthroscopy in the presence of osteoarthritis is a new symptom of locking due to a large loose body that was not present before. Such is not the case here. Therefore, the request is not medically necessary.

**Length of Stay (1-day):** 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.