MAXIMUS Federal Services

Case Number:	CM15-0074162		
Date Assigned:	04/24/2015	Date of Injury:	10/08/2008
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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: Illinois, California, Texas
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 66-year-old male who sustained an industrial injury on 10/8/08, relative to cumulative trauma. Past medical history was positive for diabetes mellitus and hypertension. Conservative treatment had included multiple corticosteroid injection to both knees, most recently on 8/29/14 for the left knee. The 1/28/15 left knee MRI impression documented prominent and increasing medial compartment degenerative joint disease since 2011. There were large areas of complete articular loss over the medial femoral condyle and tibial plateau with diffuse underlying bone edema on both sides of the knee joint. There was large anterior knee joint effusion and focal edema at the musculotendinous junction of the popliteus. There was a 4 mm non-displaced chondral flap tear involving the peripheral margin of the trochlear groove of the femur laterally. There was a stable liner focus of myxoid degenerative without tear involving the anterior horn of the lateral meniscus. There were medial meniscus changes consistent with prior meniscectomy. The 3/3/15 treating physician report indicated that the left knee MRI showed severe degenerative change along the medial compartment and chondral wear. There was significant meniscal degenerative, loose body, and chondral wear. The injured worker would probably benefit from an arthroscopic evaluation and debridement of the left knee. A future knee replacement would be needed, but the treating physician was trying to avoid this as long as possible. The 3/11/15 utilization review non-certified the request for left knee arthroscopy, meniscectomy, chondroplasty and removal of loose bodies as the injured worker had severe knee osteoarthritis and arthroscopic knee surgery would not provide any lasting long-term benefit. The 4/18/15 treating physician report cited pain over the medial and lateral joint lines. The knee

continued to be symptomatic and would benefit from left knee arthroscopy and debridement. He may need partial knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, meniscectomy, chondroplasty, removal of loose bodies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Loose body removal surgery (arthroscopy); Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. The ODG recommend loose body removal surgery where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthrosis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. Guidelines state that 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.Guideline criteria have not been met. This patient presents with bilateral knee pain, left greater than right. There was no documentation of mechanical symptoms. Physical exam documented medial and lateral joint line pain. There was imaging evidence of severe left knee degenerative joint disease along the medial compartment, lateral meniscus myxoid degeneration, a non-displaced flap tear chondral flap tear, and chondral wear. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the absence of documented failure of conservative treatment and the presence of significant osteoarthritis, this request is not medically necessary at this time.