

Case Number:	CM15-0074214		
Date Assigned:	04/24/2015	Date of Injury:	01/12/2012
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/18/2015

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 42-year-old morbidly obese female with a history of osteoarthritis of the left knee. There is a history of industrial injury on 1/12/2012. She is status post left knee arthroscopy with arthroscopic partial lateral meniscectomy and arthroscopic partial medial meniscectomy on 8/16/2013. She underwent anterior cruciate ligament reconstruction in 2003 and is known to have tricompartmental osteoarthritis of the knee associated with morbid obesity. The medial compartment is bone-on-bone. An MR arthrogram of the left knee performed on 9/11/2014 revealed complete disruption of the ACL graft. The body and posterior horn of the medial meniscus were attenuated from a prior partial medial meniscectomy. The posterior horn of the lateral meniscus was also attenuated from a prior partial lateral meniscectomy. A horizontal cleavage tear involving the body of the lateral meniscus was noted. In the medial compartment there was grade 4 chondromalacia noted associated with subchondral edema and marginal osteophytosis. In the lateral compartment marginal osteophytes are also noted. The patellofemoral compartment also revealed marginal osteophytes. The documentation indicates osteoarthritis is severe in the medial compartment which is bone-on-bone. It is moderate in the lateral compartment and patellofemoral joint. Progress notes dated October 23, 2014 indicate that a total knee arthroplasty was recommended by another physician. The disputed issue pertains to a request for arthroscopic debridement of the knee and anterior cruciate ligament reconstruction. Utilization review noncertified the request citing California MTUS and ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee arthroscopic joint debridement, reconstruction of ACL with patellar tendon allograft: 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, Anterior Cruciate Ligament Reconstruction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Arthroscopic surgery for osteoarthritis, Anterior cruciate ligament reconstruction.

Decision rationale: The injured worker is morbidly obese and has evidence of severe osteoarthritis of the medial compartment and moderate osteoarthritis of the lateral compartment and patellofemoral joints. ODG guidelines do not recommend arthroscopic surgery in the presence of osteoarthritis. Arthroscopic debridement in patients with osteoarthritis of the knee is no better than placebo surgery. ODG guidelines for anterior cruciate ligament reconstruction indicate it is important to look at comorbidities such as osteoarthritis because they predict potential problems. In this case the injured worker is morbidly obese and she has advanced osteoarthritis of the knee. Therefore the prognosis with debridement and anterior cruciate ligament reconstruction is poor. As such, the request for arthroscopy with debridement and anterior cruciate reconstruction with patellar tendon allograft is not medically necessary.