

Case Number:	CM15-0076361		
Date Assigned:	04/27/2015	Date of Injury:	11/08/2014
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 11/8/14. He reported head, neck and right leg injury. The injured worker was diagnosed as having cervical radicular syndrome, lumbar radicular syndrome and internal derangement of right knee. Treatment to date has included physical therapy, oral medications including Norco and ibuprofen and chiropractic treatment. MRI of the knee 12/17/14 demonstrates degenerative tear of the medial meniscus and denudation of the anterior compartment of the knee. Currently, on 3/24/15 the injured worker complains of ongoing pain rated 8/10. Minimal benefit is noted from knee injection. The injured worker noted he was unable to tolerate much physical therapy due to his pain level. Physical exam noted restricted range of motion of cervical spine and low back and medial joint line tenderness of knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic surgery with medial menisectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, 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 12/17/14 demonstrates 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." As the patient has significant osteoarthritis the determination is for non-certification for the requested knee arthroscopy.

12 post-operative physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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

Associated surgical service: Purchase of one set of crutches for post-operative use: 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 and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, walking aids.

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