

<b>Case Number:</b>	CM15-0077561		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 50 year old male, who sustained an industrial injury on 2/24/14. He reported a left knee injury. The injured worker was diagnosed as having status post left knee arthroscopy, left ankle partial tear of posterior talofibular ligament, complex degenerative medial meniscus tear of left knee, degenerative tear of the lateral meniscus, degenerative joint disease with grade 4 chondromalacia of the medial compartment and patellofemoral joint, and partial tear of plantaris. Treatment to date has included chiropractic treatments, physical therapy, oral medications and multiple surgeries. Currently, the injured worker complains of pain in left lower leg, knee and ankle rated 8/10. Physical exam noted several well healed scars from previous left knee arthroscopic surgeries, tenderness to palpation over the medial and lateral tibiofemoral joint spaces and redness is noted over dorsum of left foot and ankle with a large scar from pervious orthopedic surgical interventions and tenderness is noted over the anterior and posterior aspects of the lateral malleolus and tibiotalar joint space. The treatment plan included prescriptions for Omeprazole, Ibuprofen, Tramadol, follow up appointment, activity restrictions, and MR arthrogram of left knee. The disputed request pertains to left knee arthroscopy with unspecified surgical procedure at an unknown facility as an outpatient. The previous surgery of 2014 was not successful due to the presence of osteoarthritis. Utilization review non-certified the request for left knee arthroscopy, citing CA MTUS guidelines. This is 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:

**One (1) left knee arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthroscopy.

**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, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The injured worker is a 50-year-old male with a date of injury of 2/24/2014. The operative report dated 6/6/2014 is noted. The findings in the left knee included grade 3 and grade 4 chondromalacia of the undersurface of the patella and anterior femoral condyle and grade 4 chondromalacia of the medial femoral condyle and medial tibial plateau. There was a complex tear of the body and posterior horn of the medial meniscus. Anterior horn was degenerated. The lateral meniscus was also degenerated including the body and anterior horn. The imaging study of the left knee dated 4/7/2015 revealed a oblique horizontal tear of the posterior horn of the medial meniscus with associated grade 2 sprain of the medial collateral ligament. Horizontal tears by definition are degenerative tears. The injured worker already had a failed attempt at debridement of osteoarthritis of the left knee in June 2014. California MTUS guidelines indicate that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. ODG guidelines do not recommend meniscus surgery in the presence of osteoarthritis. The results with physical therapy or arthroscopic surgery for degenerative tears of the medial meniscus are about the same. Any additional meniscectomy is likely to remove the remaining cushion in the knee and accelerate the development of severe arthritis. As such, the request for arthroscopy of the left knee is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

**Unknown facility-outpatient: 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), Length of Stay.

**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, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** Since the requested surgical procedure is not medically necessary, the associated surgical request for outpatient surgery in an unknown facility is also not medically necessary.

