

<b>Case Number:</b>	CM15-0099341		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Indiana, Oregon  
 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 60 year old male, who sustained an industrial injury on 10/17/2003. He has reported subsequent left knee and ankle and right wrist pain and was diagnosed with left knee degenerative joint disease and meniscus tear, right wrist sprain/strain and left ankle instability. Treatment to date has included oral and topical pain medication, application of ice, bracing and surgery. In a progress note dated 05/11/2015, the injured worker complained of left knee pain. Objective findings were notable for mild varus collapse of the left knee and pain with range of motion. Standing x-rays of the left knee were noted to show complete loss of the medial cartilage space, bone on bone and the physician indicated that the injured worker was a good candidate for partial arthroplasty. A request for authorization of left knee medial arthroscopy and short-term rehabilitation facility placement was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Medial Arthroscopy:** 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 & Leg replacement.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of unicompartmental knee replacement. According to the ODG Knee and Leg section, unicompartmental knee replacement is an option if one compartment is involved. Guideline criteria for knee arthroplasty includes conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. In this case, there is clear loss of joint space in the left knee medial compartment and significant limitations despite non-operative treatments. Arthroplasty is requested in the review of records, but the request for arthroscopy would be relatable to ODG guidelines on arthroscopy with arthritis. 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." 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 request is not medically necessary.

**Associated surgical service: Short-term rehabilitation facility placement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.