

<b>Case Number:</b>	CM13-0013825		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old gentleman who was injured in a work-related accident on 1/17/13 sustaining injury to the left knee. The records indicate an MRI report of the left knee dated 2/6/13 showing bone marrow edema at the lateral tibial plateau, no joint effusion, and no meniscal or ligamentous pathology. A most recent clinical assessment with [REDACTED] dated 7/1/13 indicates follow-up of left knee complaints. His physical examination demonstrated a knee brace fitting well with intact neurovascular status. The joint was swollen. There was tenderness with McMurray testing and positive reverse McMurray testing. There was noted to be "fullness" to the back of the knee consistent with a Baker's cyst. [REDACTED] notes a second MRI performed on 6/27/13 whose report is available for review and demonstrates horizontal tearing to the medial meniscus with a parameniscal cyst, mild patellar chondromalacia, and a small effusion. The recommendations at that time were for surgical intervention in the form of surgical arthroscopy. A follow up clinical record dated 8/12/13 once again demonstrated subjective complaints of left knee pain with examination showing diminished tibiofemoral rotation with positive McMurray testing and an antalgic gait and a well-fitting brace. The plan was for surgical intervention to the knee for further intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with partial meniscectomy, possible chondroplasty and possible removal of loose bodies:** Overturned

**Claims Administrator 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 & Leg, Meniscectomy and Chondroplasty..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** Based on California ACOEM Guidelines, surgical intervention in the form of arthroscopy and meniscectomy would appear to be medically necessary. While the claimant's initial MRI scan was negative, subsequent MRI scan dated 6/27/13 demonstrated horizontal cleavage tearing of the meniscus with a parameniscal cyst consistent with the claimant's current physical examination findings. The role of operative intervention for meniscectomy with the need for possible chondroplasty and loose body removal based on intraoperative findings would appear medically necessary.

**Post-op physical therapy 3 times a week for 4 weeks to the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative Guidelines, twelve sessions of physical therapy would not be supported. The clinical guidelines would support the role of up to twelve sessions of physical therapy in the post-operative setting; however, the guidelines recommend that the initial course of therapy be equivalent to one half the total recommended postoperative course; in this case the appropriate amount in the initial postoperative treatment would be six visits. As there is nothing within the record that would support going above the initial recommended visits of therapy, the request for the 12 visits is not medically necessary.

**Post-op compression stockings:** Overturned

**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), Venous thrombosis..

**Decision rationale:** The California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent on this issue. The Official Disability Guidelines indicate that compression stockings are warranted. Compression stockings are worn to edema control and as a form of lower extremity compression to help minimize potential venous thrombotic event. The nature of the lower extremity surgery in this case would support the use of post-operative compression stockings.

**Continuous ice machine - MicroCool: 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 ODG, Knee Chapter, Continuous-flow cryotherapy..

**Decision rationale:** The California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent on this issue. The Official Disability Guidelines indicate a continuous ice machine would not be supported. The length of use of the device is not indicated. Guidelines would only support the role of up to seven days. Lack of documentation to indicate frequency of the device would fail to necessitate its use at present. While devices are supported by Official Disability Guidelines, their use is not imperative to successful outcome of surgical process.

**Knee brace: Overturned**

**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 ODG, Knee Chapter, Knee brace..

**Decision rationale:** Based on the Official Disability Guidelines, as California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent, a knee brace would not be indicated. The claimant is to undergo partial meniscectomy. The clinical criteria for use of a knee brace--either prefabricated or custom--would not include the post-operative setting of a meniscectomy. In addition, the records for review indicate that the claimant already has a knee brace. There would be no current indication for further need of this device post-operatively.

**Pre-op clearance to include, EKG, PFT, Chest x-ray 2 views, CBC, UA, PTT, and CMP: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, the role of preoperative medical clearance is also warranted. Preoperative consultation for medical assessment prior to surgery to evaluate any comorbid conditions and any possible need for further evaluation prior to undertaking surgery would be supported. This would serve as a means for "identifying patients

at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings" as indicated in Official Disability Guidelines. As such the preoperative internal medicine consultation for clearance is recommended as medically necessary.

**Pre-op clearance with internist:** Overturned

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, the role of preoperative medical clearance is also warranted. Preoperative consultation for medical assessment prior to surgery to evaluate any comorbid conditions and any possible need for further evaluation prior to undertaking surgery would be supported. This would serve as a means for "identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings" as indicated in Official Disability Guidelines. As such the preoperative internal medicine consultation for clearance is recommended as medically necessary.