

<b>Case Number:</b>	CM13-0020054		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/03/1997
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Orthopaedic 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 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/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 52-year old female systems operator for ██████ sustained an industrial injury on 12/3/97 pushing a 1000-pound map board. Multiple orthopedic surgical procedures have been provided in the ensuing years including ACDF C5/6 in 1999, bilateral shoulder arthroscopies in 2009, 2-level lumbar fusion in 2010, ACDF C4/5 and C6/7 in 2011, right total knee arthroplasty on 6/18/12, and left total knee arthroplasty on 8/27/12. The 7/25/13 treating physician report cited subjective complaints of left knee pain, noise and crepitus with bending. The patient reported a pop when she stood from a seated position (or bent it) that severely limited her function. Clinical exam noted left knee range of motion 0-120 degrees with patellofemoral crepitus, noise, pain, and some clunking. The left knee was stable to varus and valgus. Right knee range of motion was 0-120 degrees with no crepitus or tenderness. The treating physician opined that there was scar tissue behind the patella resulting in the patella clunk and recommended arthrotomy with debridement of scar tissue and synovectomy. The 10/29/13 treating physician report documented continued crepitus, noise and popping with bending the left knee. Clinical left knee findings documented motion 0-125 degrees, no swelling, and slight joint tenderness. Moving the knee from bent to straight, there is crepitus, noise, clunking and some discomfort that appeared to be in the patellofemoral joint. The diagnosis was painful left knee with degenerative joint disease, status post total knee arthroplasty. The treating physician opined that scar tissue behind the patella was most likely causing the symptoms and requested arthrotomy with debridement of scar tissue and possible lateral release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE ARTHROTOMY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LOWER LEG, CHONDROPLASTY

**Decision rationale:** The Expert Reviewer's decision rationale: Under consideration is a request for left knee arthrotomy. The California MTUS do not provide recommendations for this procedure in chronic knee injuries. The Official Disability Guidelines for all relevant knee surgeries require MRI documentation of a surgical lesion. Relative to debridement of the retro-patellar region; guideline criteria include failure of medications or physical therapy, subjective complaints of joint pain and swelling, objective findings of effusion or crepitus or limited range of motion. Guideline criteria have not been met. There is no evidence that imaging has been performed to assess the reported symptoms/condition and there is no documentation of swelling, effusion or recent detailed comprehensive non-operative treatment trial and failures (such as PT and bracing records.) Therefore, this request for left knee arthrotomy is not medically necessary.

**DEBRIDEMENT OF SCAR TISSUE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LOWER LEG, CHONDROPLASTY

**Decision rationale:** The Expert Reviewer's decision rationale: Under consideration is a request for debridement of scar tissue. As discussed above, there is no current imaging evidence as required by guidelines to support the medical necessity of the requested surgical procedure. There is no documentation of swelling, effusion or recent detailed comprehensive non-operative treatment trial and failures (such as PT, bracing records.). Therefore, this request for debridement of scar tissue is not medically necessary.

**SYNOVECTOMY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LOWER LEG, CHONDROPLASTY

**Decision rationale:** The Expert Reviewer's decision rationale: Under consideration is a request for synovectomy. Guideline criteria have not been met for the current surgical request based on an absence of clinical exam findings or imaging documentation of a surgical lesion. There is no documentation of knee swelling, effusion or recent detailed comprehensive non-operative treatment trial and failures (such as PT, bracing records.) Therefore, this request for synovectomy is not medically necessary.