

<b>Case Number:</b>	CM13-0025011		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 12, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the right knee on February 25, 2013, notable for mild arthritic changes and no evidence of internal derangement; unspecified amounts of physical therapy; and reported return to regular duty work.

A spine surgery consultation of July 15, 2013, is notable for comments that the applicant has returned to regular duty work.

In an August 20, 2013, Utilization Review Report, the claims administrator denied a request for right knee arthroscopy with associated postoperative physical therapy. The applicant's attorney later appealed.

On August 6, 2013, the applicant presented with 9/10 knee pain, exacerbated by kneeling and squatting. An intraarticular steroid injection provided only fleeting relief. The applicant did have some crepitation and clicking with well preserved knee range of motion. The applicant was given diagnosis of patellar chondral injury. She returned to regular work on August 5, 2013 after being given a few days off following a steroid injection. The applicant is asked to pursue knee arthroscopy with loose body removal and patellofemoral chondroplasty while continuing medications. 12 sessions of postoperative physical therapy and a continuous passive motion machine were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic Surgery on right knee with Loose Excision and Patellofemoral Chondroplasty; possible microfracture: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation In this case, the applicant has been given a diagnosis of patellofemoral syndrome versus possible subtle osteochondral defects not appreciated on MRI imaging of March 25, 2013. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, surgery for osteochondral defects and patellofemoral syndrome is of questionable efficacy. In this case, however, it is noted that the applicant has seemingly exhausted all non-operative options, including time, medications,

**Decision rationale:** In this case, the applicant has been given a diagnosis of patellofemoral syndrome versus possible subtle osteochondral defects not appreciated on MRI imaging of March 25, 2013. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, surgery for osteochondral defects and patellofemoral syndrome is of questionable efficacy. In this case, however, it is noted that the applicant has seemingly exhausted all non-operative options, including time, medications, physical therapy, home exercises, etc. Significant symptoms persist over two years removed from the date of injury. A surgical remedy is therefore indicated, given the failure of conservative treatment. The tepid MTUS recommendation in ACOEM Chapter 13 is augmented by that of the Third Edition ACOEM Guidelines, which note that arthroscopy is "recommended" to evaluate and diagnose applicants with knee pain if there is suspicion of a clinically significant meniscal tear, intraarticular body or other subacute or chronic mechanical symptoms and an equivocal or inconclusive MRI. In this case, the applicant does in fact have negative or inconclusive MRI. The MRI is suspicious but diagnostic for for a chondral injury. The Third Edition ACOEM Guidelines note that knee arthroscopy can be used to diagnose and potentially treat the same. For all of these reasons, then, the request is certified.

**Post-Op physical therapy (PT) x 12 visits for the right 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:** The request for 12 sessions of postoperative physical therapy for the right knee are certified. MTUS 9792.24.3.8.2 notes that the initial course of therapy following a surgery is one half of the recommended course for the specified surgery. In this case, the MTUS endorses an overall course of 12 sessions of treatment following meniscectomy, such as that being proposed here. Thus, an initial course of therapy would ordinarily represent one half of this or six sessions. However, since the independent medical review process does not afford the reviewing physician with an opportunity to issue a conditioned or qualified certification, the request must either wholly certified or wholly non-certified. Since the claimant is undergoing knee surgery, on balance, providing some postoperative therapy is better than providing no postoperative therapy. Providing no postoperative therapy would ultimately not facilitate the applicant's recovery. Therefore, the original utilization review decision is overturned. The request is certified. The MTUS does not address the topic. As noted in the ODG knee chapter continuous passive motion topic, CPM devices can be employed following a total knee

arthroplasty, major knee surgery such as an ACL reconstruction, and/or in those individuals with extensive arthrofibrosis, who are unable to participate in active physical therapy. In this case, however, none of aforementioned criteria have been met. The claimant is not undergoing a major knee surgery such as that described above. The claimant does not have arthrofibrosis and does not appear to be undergoing an ACL repair surgery. For all of these reasons, then, the proposed continuous passive motion device is not certified.

**CPM rental x 1week:** 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, Criteria for the use of continuous passive motion devices

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG knee chapter continuous passive motion topic, CPM devices can be employed following a total knee arthroplasty, major knee surgery such as an ACL reconstruction, and/or in those individuals with extensive arthrofibrosis, who are unable to participate in active physical therapy. In this case, however, none of aforementioned criteria have been met. The claimant is not undergoing a major knee surgery such as that described above. The claimant does not have arthrofibrosis and does not appear to be undergoing an ACL repair surgery. For all of these reasons, then, the proposed continuous passive motion device is not certified.

**Cold Therapy Unit x 2weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Again, the MTUS does not address the topic. As noted in the ODG Knee Chapter Continuous Flow Cryotherapy topic, continuous flow cryotherapy is fairly inexpensive, easy to use, and is rarely associated with adverse events following knee surgery. Cryotherapy is therefore justified in the postoperative management of knee surgery, ODG concludes. ODG does endorse seven-day postoperative usage of continuous flow cryotherapy. In this case, however, again, the Independent Medical Review process does not afford the reviewer with an opportunity to issue a conditional or partial certification. Therefore, the request is certified, as, on balance, providing the device postoperatively for 2 weeks would be superior to not providing the device at all, even if the treatment course is in excess of that suggested in the guideline.