Case Number:	CM13-0039602		
Date Assigned:	12/20/2013	**Date of Injury:**	09/09/2009
Decision Date:	02/12/2014	**UR Denial Date:**	09/17/2013
Priority:	Standard	**Application Received:**	10/07/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 51 year old female presenting with left knee pain following a work related injury on 9/09/09. The claimant complained of persistent pain, tenderness, stiffness, swelling and weakness. The claimant is status post left knee arthroscopy on 8/20/2010.The claimant medications include naproxen, tramadol and a muscle relaxer. The physical exam was significant for left knee with full range of motion, tenderness, patellar crepitus, positive passive patellar translation and tilt, positive lateral and medial McMurray's signs, and quadriceps and hamstring strength is 4/5. Arthrogram of the left knee on 8/12/2013 was normal. The claimant was diagnosed with left lateral meniscus tear, status, post failed left knee arthroscopic surgery and status post left knee sprain/strain and contusion. The provider recommended arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, possible arthroscopic medial meniscectomy vs repair lateral retinacular release, debridement and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee complaints, Meniscus Tear and Chondral Defects

Decision rationale: Left knee arthroscopy, possible arthroscopic medial meniscectomy vs. repair lateral retinacular release, debridement and chondroplasty is not medically necessary. Per ODG "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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age." As it relates to this case, the medical records noted that the claimant's arthrogram was normal. There was no evidence for a meniscal tear; therefore according to the ODG the requested procedure is not medically necessary. Additionally the claimant is exhibiting signs of degenerative changes, also making a chondroplasty not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Complaints, Meniscus Tear, Chondral defects.

Decision rationale: Pre-op medical clearance was requested for the arthroscopic surgery. Per ODG "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. However, patients suspected of having meniscal tears, but

without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age." Given that the surgery is not medically necessary, the Pre-op clearance is not necessary as well.

Post-op physical therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Meniscus Tear, Chondral Defects

Decision rationale: Post-op physical therapy is not medically necessary Per ODG "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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or

meniscus pathology, or who are greater than 55 years of age." Given that the requested arthroscopy is not medically necessary, the post op physical therapy is not medically necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Meniscus Tear, Chondral Defects

Decision rationale: A cold therapy unit is used for the post-surgical knee. Per ODG "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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age." Given that the arthroscopic knee surgery is not medically necessary, the cold therapy unit is not necessary as well.

T-ROM brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Meniscus Tear, Chondral Defects

Decision rationale: A TROM Brace is used for post surgical knees. Per ODG "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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age." Given that arthroscopic knee surgery is not medically necessary in this case, a TROM braces is not necessary as well.

Crutches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints, Meniscus Tear, Chondral Defects.

Decision rationale: Crutches were requested for the claimant following arthscopic knee surgery. Per ODG "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. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Cartilage grafts and/or transplantations for osteochondral defects are still somewhat controversial despite some scientific evidence of their effectiveness. These procedures are technically difficult and require

specific physician expertise. They may be effective in patients less than 40 years old with active lifestyles, exhibiting a singular, traumatically caused grade III or IV femoral condyle deficit. The diameter of the deficit should not exceed 20 mm for osteochondral autograft transplant system (OATS) procedures. The OATS technique could be a suitable and cost-effective therapy, possibly preventing, or, at least, delaying the development of osteoarthrosis. Grafts and transplants are not recommended for individuals with obesity, inflammatory conditions or osteoarthritis, other chondral defects, associated ligamentous or meniscus pathology, or who are greater than 55 years of age. Given the arthroscopic knee surgery is not medically necessary, crutches are not necessary as well.

E-stim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electroceutical Therapy Page(s): 117.

Decision rationale: E-stim is not medically necessary. Per CA MTUS E-stim is not recommended. Electroceutical therapy (also known as bioelectric nerve block) is experimental and investigational for the treatment of chronic pain (e.g., back pain, diabetic pain, joint pain, fibromyalgia, headache, and CRPS) because there is a lack of scientific evidence regarding the effectiveness of this technology. In addition, electroceutical treatments use much higher electrical frequencies than TENS units and may only be prescribed and administered under the supervision of a healthcare provider experienced in this method of treatment. (Aetna, 2005). The claimant knee pain is a chronic condition; therefore electroceutical therapy is not medically necessary.