

<b>Case Number:</b>	CM13-0046945		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2013

### 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 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 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 is a 41-year-old claimant who was injured in a work-related accident on 9/5/07. A progress report, dated 11/26/13, showed subjective complaints of pain and weakness to the bilateral knees. Objectively, there was documented to be painful range of motion with described sensory loss to the lower extremities. It stated that there were "trigger points" to the lumbar spine and knees. Further physical examination findings were not noted. The claimant was diagnosed with a myofascial muscle spasm, gait abnormality, and bilateral knee internal derangement. It stated that failed conservative care had resulted in recommendations for surgical intervention in the form of arthroscopy and meniscectomy. Review of previous MRI scan dated 9/26/13 indicated signal change to the posterior horn of the medial meniscus but no definitive tearing. There is also evidence of chondral change to the lateral femoral condyle with joint space narrowing noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A PAIR OF CRUTCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** CA MTUS states, "The principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of the body. Non-weight-bearing exercises, such as swimming or floor exercises, can be carried out while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Weight-bearing exercises, as tolerated, can begin as soon as possible provided no exacerbation of structural damage will occur. Weight bearing helps avoid the adverse effects of non-weight-bearing, such as loss of muscle mass, loss of strength, and diffuse osteopenia. The knee disorders under discussion almost always can bear weight, as tolerated. For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches. Even at the acute stage, however, patients can usually perform appropriate lower extremity exercises, and can remove the immobilizer for active range-of-motion exercises, at least twice a day. Using load-bearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage than is total rest, but it also is crucial to avoid overloading the knee." When looking at CA MTUS and Official Disability Guidelines criteria, crutches would not be indicated. At present, the need for operative intervention has not been established thus negating the need for post-operative ambulatory device.

**POSTOPERATIVE KNEE BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** CA MTUS Guidelines would not support the role of knee bracing following knee arthroscopy. Furthermore, the need for operative intervention with regard to the knee has not been established.

**RIGHT KNEE ARTHROSCOPY WITH MENISCAL DEBRIDEMENT, SYNOVECTOMY AND CHONDROPLASTY:** Upheld

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

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

**Decision rationale:** California ACOEM Guidelines would not support the role of the surgical process to include meniscectomy, synovectomy, and chondroplasty. The claimant is with degenerative changes with no indication of formal meniscal pathology noted on imaging. At last MRI scan, a tear was not formally noted. When taken into conjunction with the claimant's underlying degenerative changes and time frame from injury, the acute need of surgical process to include meniscectomy would not be supported.

**30 NORCO 10.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** CA MTUS Guidelines do not support the post-operative need for Norco as the need for operative intervention in this case has not been established.

**PREOPERATIVE MEDICAL CLEARANCE:** 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 American College Of Occupational And Environmental Medicine (ACOEM) 2nd Edition (2004), 7, page 127.

**Decision rationale:** CA MTUS Guidelines do not support the need for preoperative medical clearance as the need for operative intervention has not been established.

**12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS:** 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:** California MTUS Post-Surgical Rehabilitative Guidelines would not support the need for physical therapy as the need for operative intervention has not been established.