

<b>Case Number:</b>	CM13-0070443		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Internal 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 patient is 48 year old female who was injured on 12/14/2010 when she was hit by a car on her mountain bike. She injured her left shoulder at the same time in addition to her left knee. Prior treatment history has included meds for DVT prophylaxis and physical therapy. On 11/20/2013 she underwent: 1) Left knee arthroscopy. 2) Arthroscopic irrigation and debridement. 3) Subtotal arthroscopic synovectomy. 4) Loose body removal. 5) Synovial biopsy and culture. 6) Partial medial and lateral meniscectomy. 7) Abrasion chondroplasty of medial, lateral and patellofemoral compartments. Diagnostic studies reviewed include bilateral AP standing and left knee three view x-ray series dated 01/14/2014 showing severe arthrosis of the left knee. White blood cell count dated 11/20/2013 came back with 48,000 with 92% PMNs. Her serum white blood cell count was elevated to 11.6 and her CRP was elevated at above 200 with an ESR above 30. Consultation report dated 11/20/2013 by [REDACTED] documented the patient with complaints of left knee pain that has become quite severe. She has no measured temperatures but does feel warm. She felt like aches all over her body with several other joints aching but no specific signs or redness or swelling of the other joints. She has had a recent light cough but no obvious infection. No other systemic complaints. An aspiration was attempted but no fluid was gathered from the knee. She was referred at which time the next morning I performed an aspiration of the knee. Objective findings on examination include: Vital Signs: she is afebrile. Vital signs are stable. Blood pressure is 135/82, heart rate in the 70-80's. Orthopedic Exam: She has redness and swelling of the left knee with significant effusion. Her knee is warm. No other obvious joints with swelling or tenderness to palpation. Assessment & Plan: 1) Left knee, rule out septic effusion. 2) Rule out possible history of rheumatoid arthritis. Her labs are consistent with more of a septic arthritis especially her physical examination, which does show warmth, mild redness and significant irritability of the knee. Her cultures this afternoon showed me rare

staph from the aspiration on Monday. Progress report dated 12/10/2013 documented the patient with no new complaints or injury, and no significant swelling. She is still getting IV antibiotics. Objective findings on exam include her left knee shows no signs of erythema, warmth or infection. She has mild effusion. Range of motion is 0-110 degrees. Progress report dated 01/14/2014 documented the patient with no significant swelling of the knees. She has been tolerating light daily activities but still complaining of significant stiffness, easy fatigability and pain with ambulation. She is pending final check-up for eradication of her knee infection. She has no neurological complaints and no skin complaints. Objective findings on exam included she has mild effusion, no signs of erythema, warmth or infection. She has 2+ DP pulse and normal sensation to light touch and no swelling distally. Assessment & Plan: 1) Status post left knee irrigation and debridement for hematogenous septic arthritis with staph aureas. 2) Left knee severe arthrosis status post menisectomies, chondroplasty, synovectomy. 3) History of diabetes mellitus, rheumatoid arthritis and obesity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fungal (in office knee aspiration): 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, [http://www.cms.gov/medicare-coverage-database/details/National Coverage Determination \(NCD\)-details.aspx?](http://www.cms.gov/medicare-coverage-database/details/NationalCoverageDetermination(NCD)-details.aspx)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Septic Arthritis [http://www.wheelsonline.com/ortho/septic\\_arthritis](http://www.wheelsonline.com/ortho/septic_arthritis) Thomas J. Zuber, M.D., Saginaw Cooperative Hospital, Saginaw, Michigan Am Fam Physician. 2002 Oct 15;66(8):1497-1501

**Decision rationale:** According to the medical literature, knee joint aspiration and injection are performed to establish a diagnosis, relieve discomfort, drain off infected fluid, or instill medication. The progress report dated 01/14/2014 documented the patient presented with no significant swelling of the knees, she been tolerating light daily activities, and examination demonstrated no signs of erythema, warmth or infection. The medical records would support that the patient is improving appropriately with conservative care. The medical necessity of Fungal (in office knee aspiration) has not been established.

**URGENT Labs, COMPLETE BLOOD COUNT (CBC), (ESR) erythrocyte sedimentation rate/CRP, CellCount, Crystals, Micro Cultures: Aerobic, Anaerobic: 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, [http://www.cms.gov/medicare-coverage-database/details/National Coverage Determination \(NCD\)-details.aspx?](http://www.cms.gov/medicare-coverage-database/details/NationalCoverageDetermination(NCD)-details.aspx)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Septic Arthritis; [http://www.wheelessonline.com/ortho/septic\\_arthritis](http://www.wheelessonline.com/ortho/septic_arthritis)

**Decision rationale:** The medical records document subjective report and examination findings which demonstrate the patient is improving with the current conservative care measures. There lacks evidence to support obtaining additional laboratory studies at this time. The medical necessity of Urgent Labs, Complete Blood Count (CBC), (ESR) Erythrocyte Sedimentation Rate/CRP, CellCount, Crystals, Micro Cultures: Aerobic, Anaerobichas not been established.