

Case Number:	CM14-0102575		
Date Assigned:	08/01/2014	Date of Injury:	10/04/1994
Decision Date:	09/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/02/2014

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 59-year-old sustained an industrial injury on October 4, 1994 while employed as a forklift driver. Injury occurred when the patient moved a pallet and twisted her right knee. The patient underwent right knee replacement on March 10, 2011, manipulation under anesthesia on August 15, 2011, and revision knee replacement on April 19, 2012. The March 23, 2014 physical therapy report indicated the patient had completed 4/8 visits for the right knee. There was persistent pain with hypersensitivity secondary to nodules throughout the right knee which had worsened since the revision knee replacement. Knee sensitivity was rated 10/10 with poor tolerance to all activities of daily living, walking with single-point cane more than 5 minutes, and negotiating step ups. Objective findings documented forward trunk lean, increased hip flexion, genu valgum, Trendelenburg gait, and antalgic gait. Right knee exam documented range of motion 0-95 degrees, patellar mobility 2/6 in all directions, quadriceps atrophy, increased temperature, and strength grossly 3+/5. The treatment plan recommended continued strengthening and development of home exercise program. The May 9, 2014 bone scan documented increased activity with loosening not excluded. The treating physician indicated that this was actually decreased from the last study on August 13, 2013. The May 12, 2014 orthopedic progress report indicated the patient had pain most prominently at the inferior part of her incision where there were some sutures that were quite painful just to touch. Physical exam documented a small anterolateral knee abrasion from a fall with no significant warmth or effusion. The patient was tender along the most inferior portion of the scar where there were palpable suture knots. The treating physician stated that he could not exclude a neuroma as she was exquisitely tender to the touch in that area. Ligaments were stable. The treatment plan recommended arthrotomy of the involved knee for exploration and possible neuroma excision. The June 13, 2014 utilization review denied the surgical request as guideline criteria for neuroma

surgery were not met. The July 14, 2014 treating physician report cited denial of the surgical request. There was continued pain along the inferior portion of her knee with palpable tenderness along the inferior knots. She questioned whether she could be allergic to the polyethylene as she describes a cyst around her knee. The treating physician opined that she may have a reaction to the Tycron suture. The August 4, 2014 progress report documented a significant workup for her painful right knee. She was having increased findings around the incision with some atrophy along the incision superiorly. There was pain along the inferior wound border over a Tycron suture with possible allergy. Infection has been ruled-out and loosening is not likely as the second bone scan showed decreased activity around the total knee prosthesis. She had been unresponsive to conservative treatment. The treatment plan recommended testing for allergy and wound exploration for removal of the suture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of knee cartilage: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Nerve Incision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page(s) 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Nerve excision (following TKA) Other Medical Treatment Guideline or Medical Evidence: Goto M, Gotoh M, Mitsui Y, Tanesue R, Okawa T, Higuchi F, Shiba N. Hypersensitivity to suture anchors. Case Rep Orthop. 2013.

Decision rationale: The California MTUS guidelines do not provide specific criteria for the requested surgery. The Official Disability Guidelines recommend excision for neuromas for total knee arthroplasty (TKA) patients, but not solely for incisional pain. Consideration for this procedure requires pain of at least a 1-year duration, failure of conservative management, pain localization at a Tinel's point, and at least a 5-point reduction of pain on a visual analog scale after nerve blockade with 1% lidocaine. There is peer-reviewed literature support for removal of sutures following a positive patch test for allergy. Cartilage repair requires imaging evidence of a defect. Guideline criteria have not been met. There is no current evidence of suture allergy confirmed by a patch test. There is no evidence of pain localization at a Tinel's point or response to a nerve block to support the medical necessity of neuroma excision. There is no current imaging evidence to support the medical necessity of a cartilage repair. Therefore, the repair of right knee cartilage is not medically necessary or appropriate.