

<b>Case Number:</b>	CM14-0109551		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 51-year-old male truck driver sustained an industrial injury on 8/8/13. Injury occurred when he lost his balance and twisted his right knee while pulling down the truck landing gear. The patient failed initial conservative treatment including physical therapy, medications, activity modification, and bracing. The 11/2/13 right knee MRI impression documented a possible subtle medial meniscus tear, mild multifocal chondromalacia in the patellofemoral joint and medial femorotibial compartment, moderate-sized joint effusion, and subtle edema in the lateral aspect of the iliotibial band and around the medial collateral ligament, suggestive of a grade 1 sprain of these structures. Records indicated that surgery was authorized and scheduled for 1/24/14 but was delayed when pre-surgical evaluation indicated a cardiac issue. The patient was subsequently cleared for surgery but wished to delay it. The 5/21/14 orthopedic report indicated that the patient was continuing to work with pain and discomfort and was desirous of surgical intervention. Subjective complaints included constant localized right knee pain with swelling and popping. He reported weakness and instability. Difficulty and increased pain was reported with bending, stooping and squatting. He walked with an uneven gait and wore a knee brace. Focused right knee exam documented limited heel/toe rise and squat, 1+ effusion, and medial and lateral joint line tenderness. Right knee range of motion was limited with 1+ subpatellar crepitus. McMurray's test was positive. X-rays demonstrated 1+ medial space narrowing and 2-3+ patellar tilt. MRI findings were reviewed with medial meniscus tear noted. Right knee arthroscopy with meniscectomy and chondroplasty was recommended. The 6/11/14 utilization review denied the right knee surgery and associated requests based on an absence of documented mechanical symptoms and appropriate attempts at conservative treatment. The 6/17/14 orthopedic report indicated the patient had daily, constant right knee pain that continued to worsen. The patient was unable to work. He had frequent instability, buckling, cracking and occasional locking of the

knee. He was wearing a knee brace daily. Range of motion was 0-115 degrees, otherwise exam findings were unchanged from 5/21/14. Physical therapy was recommended pending appeal of surgery. Prior failure of conservative treatment, including physical therapy, was documented.

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

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

**Right Knee Arthroscopic Surgery, Meniscus Surgery, Patellofemoral Surgery, Ligament Repair:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. Guideline criteria have been met. This patient presents with subjective and objective clinical exam findings consistent with meniscal pathology. Mechanical symptoms are present. Functional difficulty precludes work ability. Imaging findings were reported with medial meniscus tear. Reasonable conservative treatment has been attempted and has failed. Therefore, this request for right knee arthroscopic surgery, meniscus surgery, patellofemoral surgery, and ligament repair is medically necessary.

**Post-operative Knee Brace:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee braces.

**Decision rationale:** The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. The use of a post-operative brace is supported for this patient

with documented instability. Therefore, this request for a post-operative knee brace is medically necessary.

**Cold Therapy Unit Purchase or Rental through Office x 14 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. Under consideration is a request for 14-day rental or purchase of a cold therapy unit. Although the use of cold therapy during the post-operative period may appropriate for this patient, there is no compelling reason to support the medical necessity of this request beyond the 7 day guideline recommendation. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Therefore, this request for cold therapy unit purchase or rental through office x 14 days is not medically necessary.

**Post-operative Physical Therapy 3 x 4: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would generally be recommended for 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for post-operative physical therapy 3x4 sessions is medically necessary.