

<b>Case Number:</b>	CM14-0116570		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Orthopaedic 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 33-year-old male deputy sheriff sustained an industrial injury on 11/14/13. Injury occurred while jumping over a chair lift going up a staircase. His left knee buckled and he fell on his right foot and hand. Past surgical history was positive for a left knee arthroscopy approximately 4 years ago with findings of patellofemoral chondromalacia. The 3/3/14 left knee MRI showed tricompartmental degenerative changes with grade 3 to 4 patellofemoral chondromalacia and evidence of grade 2 to 3 chondromalacia of the medial and lateral compartments. Prior conservative treatment included physical therapy, platelet-rich plasma injections, Orthovisc injections, and medications. The 6/10/14 treating physician report cited increasing left knee pain and discomfort. Peripatellar pain was reported grade 6/10 and constant. Pain was increased with bending, kneeling, squatting and general activity. He had giving way, minor swelling, and sharp pain. Left knee exam documented normal gait, no swelling, no obvious malalignment, and no evidence of quadriceps atrophy. Range of motion documented extension 180 degrees and flexion 135 degrees. Bilateral lower extremity strength was 5/5. There was 3+ patellofemoral crepitation with anterior compartment tenderness and positive squat maneuver. All other exam findings and orthopedic testing were within normal limits. Standing x-rays showed evidence of advanced patellofemoral degeneration with lateral tilt and subluxation laterally by 5 to 6 mm of his patellofemoral joint. There was degeneration of the lateral compartment involving the lateral femoral condyle with early osteophyte formation. Given his age and failure of conservative treatment, arthroscopic debridement and chondroplasty was recommended with a modified lateral release. The patient was unable to perform his regular work. The 6/23/14 utilization review modified the surgical request for left knee diagnostic/operative arthroscopic meniscectomy versus repair, possible debridement and/or chondroplasty with modified lateral retinacular release, and denied the meniscectomy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left knee diagnostic arthroscopy with possible debridement and /or chondroplasty with modified lateral retinacular release at Beverly Hills Integrated Surgical Center:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Diagnostic arthroscopy, Lateral retinacular release.

**Decision rationale:** The California MTUS generally recommend surgical consideration 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. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Indications for lateral retinacular release include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. The 6/23/14 utilization review modified the original request and certified left knee arthroscopy with debridement and/or chondroplasty with modified lateral retinacular release as the patient had met the guideline indications for those procedures. A meniscectomy was not certified as there was no imaging or clinical evidence of meniscal pathology. There is no compelling reason to support the medical necessity of surgery beyond that already certified. Certification of the specific surgical center is not a utilization review issue. Therefore, this request for out-patient left knee diagnostic arthroscopy with possible debridement and/or chondroplasty with modified lateral retinacular release at Beverly Hills Integrated Surgical Center is not medically necessary.

**Medical Clearance: EKG (electrocardiogram):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have not been met. This 33-year-old male has no past medical history or documented risk factors for cardiovascular disease. The patient was certified for pre-operative comprehensive lab and chest x-ray. There is no compelling reason to support the medical necessity of pre-operative EKG. Therefore, this request for medical clearance with an EKG is not medically necessary.

**DVT (deep vein thrombosis) prophylaxis:** 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 Official Disability Guidelines (ODG) Knee and Leg, Venous thrombosis.

**Decision rationale:** The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. There is no evidence that this patient is at moderate to high risk for venous thromboembolism. If risk factors exist, pharmacologic therapy or compression stockings would be appropriate. However, this is a non-specific request which does not allow for the medical necessity to be established. Therefore, this request for DVT (deep vein thrombosis) prophylaxis is not medically necessary.