

Case Number:	CM14-0164484		
Date Assigned:	10/09/2014	Date of Injury:	10/17/2012
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 37-year-old male detective sustained an industrial injury on 10/17/12. Injury occurred while he was looking for a prowler suspect on the side of a hill. His knee buckled on uneven terrain in loose dirt with immediate onset of pain and swelling. The patient underwent an anterior cruciate ligament (ACL) reconstruction with cadaveric allograft on 1/28/13. Records documented that the patient attended 48 sessions of post-op physical therapy and had returned to full duty work. Records indicated that the patient had residual right knee pain and swelling with inability to fully extend the knee despite appropriate physical therapy and on-going home exercises. The 7/17/14 treating physician report cited continued right knee pain and discomfort, primarily over the anterior tibial fixation. Symptoms were consistent with periodic instability and a potential extension block of the right knee. Physical exam documented -5 degrees of extension with mechanical impingement as he goes into extension. He had trace to 1+ Lachman and anterior drawing testing. The right knee MRI performed 1/29/14 showed a tibial tunnel cyst and a slightly proud tibial screw consistent with the location of his tenderness. There was scar tissue in the anterior compartment of the knee. There was a large bony cyst on the tibial side where the graft appeared to have had some resorption around it. An updated right knee MR Arthrogram was recommended. The 8/7/14 right knee MR Arthrogram impression documented intact ACL reconstruction with mild intrasubstance cystic degeneration of the intercondylar and tibial tunnel portion of the ACL graft. There was mild osteolysis of the proximal tibial tunnel present measuring 3 mm by 1.5 cm near the tip of the tibial screw. There was probable prior partial meniscectomy of the lateral meniscus anterior horn with a 4 mm intrameniscal ossicle, degenerative fraying, and 5 mm focus of degenerative fibrosis. There was chondromalacia of the Wiberg Type II patella. There was a partially loculated Baker's cyst, synovitis of the suprapatellar recess with superior and medial patellar plica, and mild focal soft tissue edema in

the midline aspect of Hoffa's fat pad. The 8/28/14 treating physician report cited continued pain over the tibial tunnel and anterior knee pain with extension. Lachman and anterior drawer tests were stable. MRI findings were reviewed. The patient had persistent right knee swelling, pain with extension, and pain over the tibial tunnel. He lacked a few degrees of extension. The treatment plan recommended right knee arthroscopy with debridement of scar tissue anteriorly, debridement of bone tunnel cystic degenerative changes, and open debridement of the tibial tunnel, removal of the tibial screw and bone grafting of the tibial tunnel. The 9/11/14 utilization review denied the right knee surgery and associated requests as there was no evidence of progressive or severe activity limitation, prior physical therapy appeared to be beneficial, there was no imaging evidence of a chondral defect or meniscal tear, and routine hardware removal was not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right knee revision diagnostic/operative arthroscopic meniscectomy vs repair possible debridement and/or chondroplasty and open debridement of tibial tunnel with removal of screw and bone graft tibial tunnel: 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 (ODG), Indications for surgery and Knee & Leg (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Meniscectomy, Chondroplasty, Hardware implant removal (fracture fixation)

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitations 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 (ODG) criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping). Imaging evidence of meniscal tear is not required for a blocked knee. The ODG 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. Hardware removal is typically supported for persistent pain. Guideline criteria have been met. This patient presents with clinical findings of pain, swelling, instability, and extension block despite appropriate physical therapy and full compliance with home exercise. Imaging evidence has documented meniscal pathology, chondromalacia patella, and mild osteolysis near the tip of the tibial screw. Prior imaging noted the tibial screw to be proud. There is pain directly over the tibial screw. Therefore, this request is medically necessary.

One medical clearance including labs: CBC, CMP, PT/PTT, Hep panel, HIV panel, UA; EKG and chest x-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

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; ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for these services. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. 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. Routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guideline criteria have been met based on patient age, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

One assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 29881 <http://www.cms.gov/apps/physicain-fee-schedule/overview.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: Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 29870, there is a "1" in the assistant

surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

One knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic)

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 & 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 although benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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 patient meets guidelines criteria relative to knee instability, meniscal repair, and chondroplasty. Therefore, this request is medically necessary.

12 Post-op physical therapy sessions: right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty 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 be supported for one-half the general course or 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 is medically necessary.