

<b>Case Number:</b>	CM14-0169880		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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 43-year-old male retired correctional officer sustained an industrial injury on 4/13/11. Injury occurred when he slipped and twisted his left knee. Injuries were reported to the left knee/lower leg, low back, and right shoulder. The patient underwent left knee arthroscopic partial meniscectomy and chondroplasty on 11/7/11, and right shoulder subacromial decompression and repair of a large rotator cuff tear on 11/12/12. The 5/13/14 progress report documented a flare-up of left knee pain and requested an updated MRI. The 6/10/14 left knee MRI impression documented probable chronic anterior cruciate ligament tear and sprain of the posterior cruciate ligament. There was patellar chondromalacia, unchanged since the previous study of 4/25/12, and mild degenerative changes in the lateral compartment. The 6/10/14 right shoulder MRI documented a partial supraspinatus tear, moderate rotator cuff tendinosis, and likely chronic biceps tendon tear. There was attrition of the superior labrum, small glenohumeral joint effusion with mild synovitis, and mild subacromial/subdeltoid bursitis. The 7/1/14 progress report documented a corticosteroid injection to the left knee and requested physical therapy for the right shoulder and left knee. The 9/25/14 treating physician report cited continued right shoulder pain and worsening left knee pain with popping. The left knee injection at the last visit helped for a few weeks but had worn off. He was doing a home exercise program for the knee as physical therapy had been denied. Left knee exam documented effusion, crepitus, and tenderness to palpation over the anterolateral joint line. Right shoulder exam documented tenderness to palpation over the anterior and lateral aspects and the subacromial area. Flexion was painful and reduced to 130 degrees. Neer's, Hawkin's, and Jobe's tests were positive. The treatment plan recommended left knee arthroscopy and debridement with pre-operative medical clearance with an internist, cold therapy unit for 10 days, and 12 sessions of post-op physical therapy. A right shoulder cortisone injection was requested to be performed during the knee surgery. The 10/7/14

utilization review denied the left knee surgery and associated requests as guidelines do not support simple debridement of the knee for chondromalacic changes and there was no evidence of a meniscal tear or indication that anterior cruciate ligament repair was to be done.

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

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

#### **Repeat Left Knee Arthroscopy Debridement: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation ODG) Knee and Leg, Arthroscopic surgery for osteoarthritis, Chondroplasty

**Decision rationale:** The California MTUS guidelines do not provide recommendations for debridement surgeries in the absence of evidence of meniscal tears. Guidelines do not typically support anterior cruciate ligament repair in the absence of a complete tear with documented instability. The Official Disability Guidelines do not support arthroscopic debridement in patients with osteoarthritis or degenerative meniscal tears as surgery provides no additional benefit compared to optimized physical therapy and medical therapy. Guideline criteria have not been met. The patient presented with a flare-up of left knee pain in May 2014 with no evidence of increase in the degree of chondromalacia patella since the previous study two years ago. There was mild degenerative lateral compartment change. There was a probable chronic anterior cruciate ligament tear with no clinical evidence of instability. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

#### **Associated Surgical Service: Pre-Operative Medical Clearance with an Internist: 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 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:** As the surgical request is not supported, this request is not medically necessary.

#### **Associated Surgical Service: 10 Cold Therapy Unit: 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 (ODG) Knee and Leg, Continuous flow

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated Surgical Service: 12 Post-Operative Physical Therapy for The Left Knee:**  
Upheld

**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): 25.

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.

**Associated Surgical Service: Right Shoulder Cortisone Injection Under Anesthesia During Knee Surgery:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation (ODG) Shoulder, Steroid injections

**Decision rationale:** As the surgical request is not supported, this request is not medically necessary.