

<b>Case Number:</b>	CM14-0172092		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Indiana. 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:

The injured worker is a 52-year-old male with left knee pain described as a throbbing pain with stabbing pins and needles with tenderness to palpation and only 95 degrees of knee flexion. The worker complains of locking and buckling of his left knee and numbness radiating into the left foot. The worker has been using a left knee brace. The worker has had multiple surgical arthroscopies to the left knee. The worker has had an MRI of the left knee dated 5/15/13 which revealed a radial tear of the posterior horn of the medial meniscus, a horizontal intrasubstance tear of the lateral meniscus, and mild medial tibiofemoral osteoarthritis. The worker has been prescribed Naprosyn. On physical examination of the left knee on 7/15/14, the worker walked with an antalgic gait and had no visible/palpable swelling, effusion, or heat to the left knee. He was able to squat or duck walk on the left leg with support. Positive physical findings on examination included medial and lateral joint line tenderness, tenderness over the medial femoral condyle, a positive McMurray's sign, a positive patellar grind test and crepitation. The left knee range of motion was limited from 14 degrees to 119 degrees of knee flexion. Motor strength was graded at 4/5 of the hamstrings and quadriceps on the left. The worker is a Corrections Officer and injured the left knee on 3/27/13 when he jumped to avoid a puddle of soapy water, his left knee popped, and he fell on his back at work. The worker has not worked since the date of injury. The treating physician is requesting approval for left knee meniscectomy, left knee chondroplasty, left knee post-op physical therapy, post-op CPM, post-op Surgistim multi-modality stimulator, post-op cold therapy unit, and crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee meniscectomy QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 - 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Meniscectomy

**Decision rationale:** According to CA MTUS for meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The ODG guidelines for meniscectomy state that meniscectomy is Recommended as indicated below for symptomatic meniscal tears for younger patients and for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings or in older patients with degenerative tears until after a trial of PT/exercise. The ODG guidelines indications for surgery are: ODG Indications for -- Meniscectomy: Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT. 1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND ( Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS 2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS 3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS 4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003) In this worker's case, although a request was made for physical therapy, there is no documentation that the worker participated in a supervised and/or structured physical therapy program. Therefore the CA MTUS guidelines and ODG guidelines have not been met and the requested for left knee meniscectomy is not medically necessary.

**Left knee chondroplasty: 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), ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee and Leg Chapter, ODG Indications for Surgery -- Chondroplasty; Criteria for chondroplasty

**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 (Acute and Chronic), Chondroplasty

**Decision rationale:** According to the ODG guidelines for chondroplasty of the knee, the criteria for surgery are as follows: ODG Indications for Surgery-- Chondroplasty:Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:1. Conservative Care: Medication. OR Physical therapy. PLUS2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS4. Imaging Clinical Findings: Chondral defect on MRI(Washington, 2003) (Hunt, 2002) (Janecki, 1998)The MRI scans of the left knee do not report any evidence of a chondral defect. Therefore, the requested treatment for a left knee chondroplasty is not medically necessary.

**Physical therapy post-op left knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatments for left knee meniscectomy and left knee chondroplasty are not medically necessary, the requested post-op physical therapy is not medically necessary.

**CPM:** 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) ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Knee Chapter, Criteria for the use of continuous passive motion devices

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatments for left knee meniscectomy and left knee chondroplasty are not medically necessary, the requested CPM for post-op use is not medically necessary.

**Surgistim multi-modality stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Surgistim multi-modality stimulator Page(s): 116-117.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatments for left knee meniscectomy and left knee chondroplasty are not medically necessary, the requested Surgistim multi-modality stimulator is not medically necessary.

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatments for left knee meniscectomy and left knee chondroplasty are not medically necessary, the requested Cold therapy unit is not medically necessary.

**Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatments for left knee meniscectomy and left knee chondroplasty are not medically necessary, the requested crutches is not medically necessary.