

<b>Case Number:</b>	CM14-0178976		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 40-year-old male line-cook sustained an industrial injury on 7/18/13. Injury occurred relative to a slip and fall. He reported he hyperextended his knees, heard two pops and had immediate onset of pain. Past medical history was positive for sleep apnea. The patient was allergic to ibuprofen and Naproxen. Past surgical history was negative. The 4/24/14 left knee MRI impression documented a complex tear of the mid-segment and posterior horn of the medial meniscus and mild lateral subluxation of the patella. The chiropractic treating physician records from 1/7/14 to 9/4/14 documented on-going grade 8-10/10 low back and bilateral knee pain, increased with weight bearing. Conservative treatment included chiropractic for the low back, physical therapy for both knees, and activity modification without improvement. Medication intolerance to anti-inflammatories and Vicodin were documented. The patient was unable to return to work. The 10/6/14 orthopedic report cited constant bilateral knee pain with swelling, popping, and giving out. Physical exam documented limping, inability to walk on his toes, ability to semi-squat, and bilateral trace effusion. Right knee range of motion was 0-120 degrees, left knee 0-110 degrees. Patella apprehensive test was positive and McMurray's was not performed due to severe pain (previously positive). There was significant pain over the medial facet of the patella bilaterally, bilateral plica tenderness, severe right medial joint line tenderness, and mild lateral joint line tenderness. Quadriceps strength was 5/5 right and 4/5 left. Major ligaments were reported stable. The diagnosis was bilateral medial meniscus tears, bilateral knee subluxation, and L5/S1 degenerative disc disease. The treatment plan recommended surgical intervention including arthroscopy of the left knee with partial medial meniscectomy. The 10/17/14 utilization review denied the left knee surgery and associated requests as there was no documentation of adequate conservative treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Left Knee Arthroscopy with Partial Medial Meniscectomy: Overturned**

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

**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, Meniscectomy

**Decision rationale:** The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines 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), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. This patient presents with subjective and objective clinical findings consistent with imaging evidence of a medial meniscus tear. Evidence of 8 months of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

### **12 Post-Operative Physical Therapy Sessions: 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 typically 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.

### **7 Day Rental of a Cold Therapy Unit: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Knee and Leg Chapter; regarding Continuous flow, cryotherapy

**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. This request is consistent with guideline recommendations and is medically necessary.

**1 Cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Knee and Leg Chapter; regarding Walking aids (canes, crutches, braces, orthoses, & walkers)

**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, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistant devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a cane seems reasonable to allow for early post-op functional mobility. Therefore, this request is medically necessary.