

<b>Case Number:</b>	CM14-0042378		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Orthopedic 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:

The claimant, a 53-year-old female instructional aide for a special education class, was initially injured on January 12, 2012, while lifting 35-pound boxes. The records available for review state that her symptoms were exacerbated after lifting a 120-pound child. A June 6, 2014, office note documents working diagnoses of medial meniscus Grade III tear on the left and wear along the joint line showing 2-millimeter articular surface loss on both knees. The claimant presented with complaints of knee pain and walked with a slow and guarded gait. A July 9, 2014, physical examination of the left knee showed extension to 107 degrees and flexion of no more than 90 degrees due to pain. Mild tenderness was reported along the medial joint line, greater than along the lateral joint line. No swelling was documented. An MRI scan of the right knee dated August 26, 2013, showed Grade II signal in the body and posterior horn of the medial meniscus, myxoid degeneration of both horns of the lateral meniscus and the anterior horn of the medial meniscus, sprain of the anterior cruciate ligament, Grade I injury of the medial collateral ligament, mild changes of osteoarthritis in the right knee, chondromalacia of the patella, minimal synovial effusion, and a cystic lesion in the medial tibia. This probably represented a benign cyst. Mild subcutaneous edema around the knee joint. Treatment to date has included anti-inflammatory medications, formal physical therapy, bracing and an injection. This request is for the following: a right knee synovectomy; a right knee arthroscopy; a right knee meniscectomy; a right knee chondroplasty; preoperative medical clearance; preoperative complete blood count; preoperative comprehensive metabolic panel; preoperative EKG; preoperative chest X-ray; post-operative use of a PolarCare unit; Amoxicillin; Zofran; Neurontin; ReJuviness silicone anti-scarring sheets; a range of motion (ROM) knee brace; crutches; anesthesia; nerve conduction studies; Norco; and chiropractic care of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right knee Synovectomy: 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-TWC), Knee and Leg Chapter, Indications for Surgery, Synovectomy.

**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 chapter; Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The California MTUS Guidelines and the Official Disability Guidelines (ODG) would not support synovectomy of the right knee in this case. The documentation presented for review indicates subjective complaints, physical exam objective findings and diagnostic studies confirming degenerative joint disease. Under the ODG Guidelines, arthroscopic surgery is not proven to be consistently effective in claimants with osteoarthritis. Additionally, this claimant's most recent MRI scan fails to establish that there is significant intra-articular pathology that would be amenable via surgical intervention. Finally, no documentation of a recent, exhaustive course of conservative treatment is provided as recommended by the ACOEM Guidelines. For these reasons, this request would not be established as medically necessary.

### **Right knee arthroscopy: 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-TWC), Knee and Leg Chapter, Indications for Surgery, Arthroscopy.

**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 chapter, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The California MTUS Guidelines, in concert with the Official Disability Guidelines, would not support right knee arthroscopy. According to the reviewed records, the claimant's subjective complaints, objective findings and diagnostic studies confirm intra-articular pathology most consistent with degenerative changes, for which arthroscopy is not a recommended surgical intervention. Finally, no documentation of a recent, exhaustive course of conservative treatment is provided. For these reasons, the request for right knee arthroscopy is not established as medically necessary.

### **Right knee menisectomy: 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-TWC), Knee and Leg Chapter, Indications for Surgery, Diagnostic Arthroscopy.

**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 chapter: Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The California MTUS ACOEM Guidelines, in concert with the Official Disability Guidelines, would not support right knee meniscectomy. According to the reviewed records and as noted in the prior answers, the claimant's subjective complaints, objective findings and diagnostic studies confirm intra-articular pathology most consistent with degenerative changes. The MRI scan shows no acute meniscal pathology that would require surgical intervention. Documentation also fails to establish the claimant has completed a recent course of exhaustive conservative treatment. Given the lack of meniscal pathology and documentation of a trial of conservative care, the request for right knee meniscectomy is not established as medically necessary.

**Right 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-TWC), Knee and Leg Chapter, Indications for Surgery, 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 chapter, Chondroplasty, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** The California MTUS Guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, right knee chondroplasty would not be supported in this case. The MRI scan did not show a chondral lesion; and the documentation references no conservative treatment. Given the lack of chondral abnormality and documentation of a trial of conservative care, the request for right knee chondroplasty is not established as medically necessary.

**Pre-Operative Clearance (including a history and physical):** 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-TWC), Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for preoperative medical clearance is not medically necessary.

**Complete Blood Count (CBC): 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-TWC), Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for a preoperative complete blood count is not medically necessary.

**Comprehensive Metabolic Panel (CMP): 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-TWC), Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for a preoperative comprehensive metabolic panel is not medically necessary.

**Electrocardiogram (EKG): 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-TWC), Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for a preoperative EKG is not medically necessary.

**Chest x-ray:** 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-TWC), Low Back Chapter, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for a preoperative chest X-ray is not medically necessary.

**Polar Care unit for 21 days:** Upheld

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

**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 chapter - Continuous Cold therapy.

**Decision rationale:** The requests for surgical intervention of the right knee are not established as medically necessary. Therefore, this request for the post-operative, 21-day use of a Polar Care unit is not medically necessary.

**Amoxicillin 875mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine ([www.nlm.nih.gov/medlineplus/antibiotics.html](http://www.nlm.nih.gov/medlineplus/antibiotics.html)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Infectious Disease chapter - Amoxicillin (Amoxil<sup>®</sup>).

**Decision rationale:** If the use of amoxicillin is related to the recommended surgical intervention, the request would not be medically necessary because the right knee surgery is not established as medically necessary. If the use of amoxicillin is unrelated to the recommended surgeries, the California MTUS Guidelines and the Official Disability Guidelines would not support the use of this antibiotic. The reviewed records document no ongoing infectious or cellulitic process that would support the use of an antibiotic. Therefore, this request would not be indicated as medically necessary under either scenario.

**Zofran 8mg:** 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-TWC), Pain Chapter, Antiemetics (for Opioid Nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter - Antiemetics (for opioid nausea).

**Decision rationale:** If the use of Zofran is related to the recommended surgical intervention, the request would not be medically necessary because the right knee surgery is not established as medically necessary. If the Zofran is unrelated to the recommended surgeries, the California MTUS Guidelines and the Official Disability Guidelines would not support its use. The reviewed records document no ongoing nausea or vomiting that would require the use of Zofran. Therefore, this request would not be indicated as medically necessary under either scenario.

**Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDS) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** Under California MTUS Chronic Pain Management Guidelines, the use of Neurontin would not be supported. The reviewed records provide no documentation of painful neuropathy and/or post-hepatic neuralgia, for which Neurontin is considered medically reasonable. Therefore, this request would not be indicated as medically necessary.

**ReJuveness, 1 silicone sheet to prevent scarring:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rejuveness.com>.

**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: [www.rejuveness.com](http://www.rejuveness.com).

**Decision rationale:** The requested knee surgeries are not established as medically necessary. Therefore, the request for ReJuveness silicone anti-scarring sheet is not medically necessary.

**Extension Lock Splint (ELS) range of motion (ROM) knee brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and leg chapter - Knee brace.

**Decision rationale:** If the use of the knee brace is related to the recommended surgical intervention, the request would not be medically necessary because the right knee surgery is not established as medically necessary. If the knee brace is unrelated to the recommended surgeries, the California ACOEM Guidelines and the Official Disability Guidelines would not support its use. The reviewed records document no acute injury or chronic instability requiring bracing. Therefore, this request would not be indicated as medically necessary under either scenario.