

Case Number:	CM14-0085501		
Date Assigned:	07/23/2014	Date of Injury:	03/28/2014
Decision Date:	10/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Surgeon, has a subspecialty in Sports Medicine 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 injured worker is a 31-year-old male who reported injury on 03/28/2014. The mechanism of injury was the injured worker put his foot up on a step and had severe right knee pain with popping and giving way. The surgical intervention was stated to be none. The prior therapies included bracing, activity modification, and medications. The injured worker underwent an MRI of the right lower extremity without contrast on 04/11/2014 with an official read which revealed no acute fracture, and a mild lateral subluxation of the patella with respect to the femoral trochlea. There was moderate degenerative arthritis of the knee worse in the medial compartment where there was a complex medial meniscal tear. There was a large joint effusion with synovitis. There was a high grade versus partial thickness tear of the posterior root of the lateral meniscus. There was an additional partial radial tear at the body anterior horn of the lateral meniscus. There was the absence of an anterior cruciate ligament (ACL) graft consistent with a full thickness tear. There was no arthrofibrosis. There was a low grade chronic sprain of the posterior cruciate ligament. There was a request for authorization submitted for the requested surgery. The documentation of 05/06/2014 revealed injured worker had 135 degrees of flexion and 0 degrees of extension. The patellar apprehension test, patellofemoral compression test and Apley's test were within normal limits. The posterior and anterior drawer test were within normal limits. The pivot shift examination was 2+ and the injured worker had a positive McMurray's in the medial and lateral side. The varus and valgus stress tests were within normal limits. External rotation recurvatum was within normal limits. The diagnoses included medial joint line tenderness. The discussion and treatment recommendations included the injured worker had instability of the right knee with a positive Lachman and positive shift examination. There was some underlying degenerative arthritis in the knee with a torn meniscus. The injured worker had a meniscal tear with an ACL tear. The injured worker was noted to have

some mild arthritis in his knee pre-existing and pre-existing chondral wear in his knee as well as some osteophytosis. The injured worker was noted to have worsening instability with a meniscus tear. The treatment plan additionally included Flexeril 10 mg 1 to 2 tablets at bedtime if needed for spasms #20. The subsequent documentation in appeal dated 06/18/2014 revealed on 05/06/2014 the injured worker was complaining of ongoing severe right knee pain with popping and giving way. The injured worker had difficulty with pivoting, shifting or twisting using his right knee. The injured worker underwent an MRI which revealed a complex medial meniscus tear and a high grade partial tear of the posterior root of the lateral meniscus and a full thickness tear of the ACL graft. The right knee examination revealed 0 degrees of extension and flexion to 135 degrees with a positive Lachman's test, and pivot shift exam as well as a positive McMurray's on the medial and lateral sides. The physician documented the injured worker had complaints of persistent unrelenting right knee pain associated with popping and giving way as well as a continued difficulty with pivoting and shifting and a positive medial meniscus and lateral meniscus tears on the right knee. The physician quoted the American College of Occupational and Environmental Guidelines Chapter 13 including the guideline regarding a partial meniscectomy. Additionally, they included a portion of the Official Disability Guidelines. The physician went on to state the injured worker is a 31-year-old and that made him a potential candidate for a reconstructive surgery. The physician indicated that this in turn correlates with the complaints of severe pain, popping and giving way as well as the results of his clinical examination findings. As such, the physician opined the injured worker was a candidate for a revision of an ACL reconstruction. Additionally, the corrected surgical procedure is to relieve a painful arthritic condition, preserve knee function and restore joint shock ability. This request was previously denied as the injured worker had no documentation of a prior meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee revision ACL reconstruction with bilateral meniscus allograft achilles tendon:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page: 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter, Meniscal Allograft Transplantation, "ODG Indications for Surgery".

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee & Leg Chapter, Meniscal Allograft Transplantation.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a referral for surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. It further indicates that an anterior cruciate ligament reconstruction is warranted for injured workers who have significant symptoms of instability caused by ACL incompetence. In addition, the physical examination reveals clear signs of instability as shown by a positive Lachman, drawer and pivot shift test. Additionally, there should be MRI findings of a complete tear in the ligament. In cases involving partial anterior cruciate ligament tears, there may be the possibility of substantial improvement in symptoms with rehabilitation. The surgical reconstruction of the ACL may provide substantial

benefit to active injured workers especially those under 50. The clinical documentation submitted for review indicated the injured worker failed conservative treatments including bracing, activity modification, and medications. The injured worker had positive findings upon physical examination and the MRI revealed a full thickness tear of the ACL. The physician documented the injured worker had failed a prior surgical intervention. The injured worker continued to be symptomatic. As such, this portion of the request would be supported. The Official Disability Guidelines indicate meniscal allograft transplantation is appropriate when there is documentation of a failure of physical therapy or nonsteroidal anti-inflammatory drugs or activity modification plus subjective findings that the knee has not responded to conservative treatment and the injured worker is capable and willing to follow rehabilitation protocol. Additionally, there should be documentation of a previous meniscectomy with at least 2 thirds of the meniscus removed and there should be documentation of a stable knee with intact ligaments, normal alignment and joint space and the ideal age is 20 to 45. There should be documentation of a body mass index less than 35 plus there should be findings articular cartilage in the affected compartment that demonstrates chondrosis as classified by the modified outer bridge scale grade 1, grade 2 or grade 3. Allograft transplantation is not recommended for mild to severe localized or diffused arthritic conditions appearing on standing x-rays or articular cartilage in the affected compartment demonstrating chondrosis that has not undergone debridement or grade 3 debridement that has not produced articular surface that can maintain the integrity of the transplanted meniscus or grade 4. The clinical documentation submitted for review indicated the injured worker previously underwent surgical intervention that had not provided relief. The injured worker had knee pain that did not respond to conservative treatment including NSAIDS.

Post-operative physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Postsurgical Treatment Guidelines.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page: 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter: Continuous Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee & Leg Chapter, Meniscal Allograft Transplantation.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Crutches: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee & Leg Chapter, Meniscal Allograft Transplantation.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Retroactive- Flexeril 10mg with date of service (DOS) 5/6/14 QTY: 20.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. There use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide the injured worker had muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for retroactive Flexeril 10 mg with date of service (DOS) 05/06/2014 quantity 20 is not medically necessary.