

<b>Case Number:</b>	CM14-0089463		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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:

This 62-year-old male security officer sustained an industrial injury on 2/27/13. Injury occurred when he tripped off a sidewalk curb while on patrol duty, twisting his right knee. The 12/11/13 right knee MRI impression documented a complex tear of the posterior horn and body of the medial meniscus, discoid lateral meniscus without a tear. There was mild patellofemoral chondromalacia with focal full thickness chondral loss and subchondral changes in the inferior medial patellar facet and grade 2 in the medial trochlea. There was mild scarring of the medial collateral ligament with no tear. Records indicated that the patient had failed conservative treatment including physical therapy, exercise, medications, and activity modification. The 4/30/14 orthopedic report cited right medial knee pain and swelling, worse with ambulation. The patient was not able to work or participate in his regular exercise activities due to pain. He had been ambulating with a limp for the past year. Physical exam documented pain along the medial aspect of the knee with swelling. There was medial joint line tenderness, pain with hyperflexion and hyperextension, and positive McMurray's test. MRI findings showed arthrosis as well as a medial meniscus tear and a discoid lateral meniscus. The 5/20/14 utilization review denied the request for right knee arthroscopy and associated durable medical equipment and physical therapy as there were significant degenerative changes which meniscectomy would not address.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right knee arthroscopy with 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 state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The Official Disability Guidelines provide specific criteria for meniscectomy that 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. There are subjective and objective clinical exam findings consistent with meniscal injury. Imaging findings document a complex medial meniscus tear. Guideline-recommended conservative treatment has been tried and has failed. Significant functional limitations preclude his ability to work. Therefore, this request for right knee arthroscopy with meniscectomy is medically necessary.

**1 polar care:** 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 Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

**Decision rationale:** The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use that is not consistent with guidelines. Therefore, this request for one polar care unit is not medically necessary.

**12 Sessions of Physical Therapy:** 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 is recommended for six visits. If it is determined 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 for 12 session of physical therapy is medically necessary.