

<b>Case Number:</b>	CM14-0195665		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 57-year-old male who reported injury on 12/11/2012. The mechanism of injury was not provided. The injured worker's diagnoses included osteoarthritis, localized, primarily involving lower leg - genu varum acquired, tear of the medial cartilage or meniscus of the knee, and pain in joint involving lower leg. There was a detailed Request for Authorization submitted for review. The documentation of 04/02/2014 revealed the injured worker had right knee pain of 9/10. Therapy had been interrupted due to pain. The injured worker had complaints of right lateral knee and patellofemoral pain with walking, and right knee buckling occasionally. The prior surgical interventions included a right Zimmer Uni knee arthroplasty, with protein rich plasma injection, xenograft, and facial sheath injection on 09/03/2013; and a left open carpal tunnel release on 03/05/2013. The medications included miconazole, ergocalciferol, Lipitor, lisinopril, lisinopril/hydrochlorothiazide, metformin, metoprolol succinate, Tricor, and Zetia. The physical examination revealed the injured worker had patellofemoral tenderness laterally. There was bilateral patellofemoral crepitus. The injured worker had a positive McMurray's test and subpatellar pain on compression. The physician documentation indicated the injured worker submitted an MRI of the right knee without contrast on 04/02/2014, with an unofficial read, which revealed positive loose bodies in the posterior joint laterally; popliteal cysts; posterior horn lateral meniscus tear; and patellofemoral synovitis and chondromalacia. The injured worker underwent a 3 view right knee x-ray on 02/06/2013, with an unofficial read, which revealed medial joint space cartilage interval, 1 mm; small medial, tibial, and femoral osteophyte; no patella tilt or subluxation; no lateral joint interval narrowing. The diagnosis included knee chondromalacia patella, knee arthralgia, and knee loose body. The treatment plan included a continuation of physical therapy 2 to 3 times per week x4 to 6 weeks for increased range of motion and strengthening of the right knee using all modalities, Naprosyn,

and Norco, and a video arthroscopy of the right knee, synovectomy, chondroplasty, and removal of loose bodies, facial sheath injection, cold flow therapy, Mobi crutches, Kneehab NMES (Neuromuscular Electrical Stimulation) unit to treat disuse atrophy over a large surface, and postoperative physical therapy. Additionally, the request was made for medical clearance with a primary care physician prior to the intervention. There was no Request for Authorization submitted to support the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Removal of loose bodies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Loose body removal surgery (arthroscopy)

**Decision rationale:** The Official Disability Guidelines recommend removal of loose bodies where symptoms are consistent with a loose body after the failure of conservative treatment; however, knee arthroscopic surgery for treatment of osteoarthritis is not recommended. Additionally, in cases of knee osteoarthritis where mechanical symptoms are consistent with loose body, meniscal tear or chondral flap, arthroscopy is recommended after a failure of nonoperative treatment. The clinical documentation submitted for review indicated a request for physical therapy. As such, there was a lack of documentation of failure of conservative care. The request as submitted failed to indicate the body part and laterality for the removal of loose bodies. Additionally, there was no MRI submitted for review. Given the above, the request for removal of loose bodies is not medically necessary.

#### **Videoarthroscopy of right knee, synovectomy, chondroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

**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 & Leg Chapter, Chondroplasty

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee. The guidelines do not specifically address a chondroplasty. As such, secondary guidelines were sought. The Official Disability Guidelines indicate a chondroplasty is recommended when there

is a failure of conservative care, including medication or therapy, and there should be subjective findings of joint pain and swelling, plus crepitus and a chondral defect on MRI. The clinical documentation submitted for review failed to provide the MRI. There was a lack of documentation of failure of conservative care. There was a lack of documentation of swelling. The injured worker had crepitus and joint pain. Additionally, the injured worker had previously undergone surgical intervention, and there was a lack of documentation indicating a necessity for a second procedure, as the primary procedure had been an arthroplasty. Given the above and the lack of documentation, the request for a video arthroscopy of the right knee, synovectomy, and chondroplasty is not medically necessary.