

<b>Case Number:</b>	CM14-0200591		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for a knee arthroscopy with medial meniscectomy, synovectomy, 12 sessions of postoperative physical therapy, and preoperative labs. The claims administrator stated that the applicant had had an earlier knee meniscectomy procedure in April 2014, without benefit, and stated that there was no clear compelling evidence of a meniscal re-tear so as to compel a repeat knee arthroscopy. Derivative requests for postoperative physical therapy and preoperative labs were also denied. The claims administrator referenced an RFA form of October 27, 2014, an earlier operative report of April 2, 2014, and various other reports between May 2014 and October 2014 in its denial. The applicant's attorney subsequently appealed. In an October 27, 2014, the applicant reported ongoing complaints of knee pain. The applicant was still using a cane. Catching and locking were appreciated about the injured knee. The applicant was 47 years old. A positive McMurray maneuver, knee effusion, popliteal swelling, and soft tissue swelling were all appreciated by the injured knee. The attending provider gave the applicant a diagnosis of recurrent tear of medial meniscus of knee. Authorization for left knee arthroscopy with partial medial meniscal resection, synovectomy, and chondroplasty were sought, along with postoperative physical therapy and preoperative labs. The applicant's past medical history was not detailed. The attending provider stated that the applicant's past medical history had not changed from an earlier note of March 13, 2014. MRI imaging of the knee of October 12, 2014 was notable for altered signal about the posterior horn of the medial meniscus. Re-tear was not definitively excluded. A moderate sized knee effusion and chondromalacia were appreciated with cruciate and collateral ligaments intact. Subcutaneous edema was also appreciated. In an

earlier note dated September 25, 2014, the applicant stated that a recent knee injection had not helped significantly. Persistent complaints of knee pain, crepitation, catching, and locking were evident. The applicant had not resumed working. Soft tissue swelling and 4/5 knee strength were appreciated about the injured knee. Naprosyn and a repeat knee MRI imaging were endorsed.

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

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

#### **Left knee arthroscopy with medial meniscectomy and synovectomy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 116, 341-342,344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/knee.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 347. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Knee Arthroscopy section

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, arthroscopic meniscectomy or repair is "recommended" for applicants with severe mechanical symptoms and signs or serious activity limitations and MRI findings are consistent with a meniscal tear. In this case, the applicant does have significant activity limitations. The applicant has failed to return to work. The applicant reported issues with catching, locking, clicking, and giving way about the injured knee on office visits of September 25, 2014 and October 27, 2014, referenced above. The applicant was still using a cane. The applicant's clinical presentation with knee swelling, knee clicking, knee locking, positive provocative testing, etc., were highly suggestive of a meniscal tear. Knee MRI imaging, also reference above, dated October 12, 2014, was suggestive (but not definitive for a meniscal tear). The Third Edition ACOEM Guidelines, furthermore, take the position that knee arthroscopies are recommended for staging of surgical procedure and can be employed to evaluate, diagnose, and potentially treat applicants with suspicion of a clinically significant meniscal tear, in individuals who have had equivocal or inconclusive MRI imaging, as is the case here. Moving forward with a knee arthroscopy and likely meniscectomy-synovectomy procedure is, thus, indicated here, given the failure of a prior surgical procedure, the applicant's equivocal MRI findings, and persistent signs and symptoms of knee instability, including locking, clicking, giving way, usage of a cane, positive provocative testing, etc. Therefore, the request is medically necessary.

#### **(Associated services) Post op physical therapy 3 x 4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, 339. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/knee.htm>)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While the approval does seemingly represent approval of an initial course of therapy which is seemingly in excess of the six-session initial course of therapy endorsed in the MTUS Postsurgical Treatment Guidelines following a knee meniscectomy procedure, this recommendation, however, is qualified by commentary made in MTUS 9792.24.3.c.2 to the effect that the medical necessity for postsurgical physical medicine for any given applicant is contingent on applicant-specific risk factors such as comorbid medical conditions, prior pathology, and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, an applicant's successful work functions, etc. Here, the applicant has had prior surgery involving the injured knee. The applicant had significant pre-procedure impairment. The applicant was using a cane preoperatively. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3.a.2 state that an initial course of therapy means one-half of the number of the visits specified in the general course of therapy for the specific surgery, in this case, however, the applicant's significant pre-procedure impairment and the fact that the applicant had undergone a prior knee arthroscopy do suggest that the initial 12-session course of therapy proposed by the attending provider is likely appropriate here. Therefore, the request is medically necessary.

**(Associated services) Pre op Labs: CBC, Basic Metabolic, EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
(<http://www.medscape.com/medline/abstract/8441296>(<http://www.emedicine.medscape.com/article/285191.overview#a1>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Preoperative Testing article

**Decision rationale:** The MTUS does not address the topic. Medscape, however, notes that routine preoperative testing in healthy applicants undergoing elective surgery is not recommended. Rather, Medscape suggests that selective strategies which include performing hemoglobin testing in applicants with expected significant blood loss or an individual aged 65 years of age or greater, a serum creatinine level for applicants older than 50 years of age, a chest x-ray in applicants older than age 60 and/or EKG testing in applicants undergoing high-risk surgery or intermediate risk surgery with at least one risk factor. In this case, however, the attending provider did not detail the applicant's medical history on the October 27, 2014 progress note, referenced above, simply stating that the applicant's medical issue was unchanged from the time he had first evaluated the applicant. The applicant was 47 years old (i.e., less than 50). Significant blood loss would not be expected in an applicant undergoing a minimally invasive, relatively minor knee arthroscopy procedure. The attending provider did not outline a compelling applicant-specific rationale or compelling medical basis for pursuit of any of the preoperative tests at issue. Therefore, the request is not medically necessary.