

Case Number:	CM14-0216322		
Date Assigned:	02/09/2015	Date of Injury:	09/20/2013
Decision Date:	05/01/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old female who reported an injury on 09/20/2013. The mechanism of injury reportedly occurred as the injured worker was opening a large round table and the table suddenly folded over, causing the injured worker to fall forward, landing on her hands and knees. Her diagnoses include left knee instability and plica syndrome. Her past treatments included medications, work restrictions, physical therapy, and acupuncture. Diagnostic studies included an EMG and nerve conduction study of the lower extremities performed on 09/18/2014 with findings of probable mild left L2 lumbar radiculopathy. Additionally, the clinical notes state that magnetic resonance imaging was performed on 05/02/2014 of the left knee with findings of patella maltracking with instability and a laterally tilted and subluxated patella. However, the official reports were not submitted in the documentation for review. Her surgical history was noncontributory. The injured worker presented on 11/11/2014 with complaints of left knee pain. The injured worker described the pain as moderate to severe, rating the pain a 6/10 to 9/10. The injured worker reported that the pain radiated up to the head, neck, leg, knee, low back, and buttocks. The injured worker reported that her symptoms included clicking, locking, tingling, popping, grinding, stiffness, stabbing pain, giving way, numbness, and tenderness. Upon physical examination of the left knee, the injured worker had a positive apprehension sign and there was a tender plica. The injured worker's current medication regimen included Norco, Tylenol, Zanaflex, and Neurontin. The treatment plan included a request for left knee arthroscopy, excision of the plica, lateral release, partial meniscectomy, chondroplasty, and synovectomy. The rationale for the request

was that the injured worker's leg had given out on her, causing her to fall. A Request for Authorization form dated 12/04/2014 was submitted in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with excision of the plica: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/19344015.

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 (Acute & Chronic), Diagnostic arthroscopy; Other Medical Treatment Guideline or Medical Evidence: sportsmd.com/knee-injuries/plica-syndrome.

Decision rationale: The request for left knee arthroscopy with excision of the plica is not medically necessary. The injured worker has left knee pain. The California ACOEM Guidelines state that surgical consideration may be indicated for injured workers who have had activity limitation for more than 1 month and have had a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Additionally, SportsMD.com concludes that the first line of treatment for plica syndrome includes rest from strenuous or precipitating activities. In addition, oral nonsteroidal anti-inflammatory medications and steroid injections can help alleviate the symptoms of plica syndrome. The documentation submitted for review failed to provide evidence that the injured worker was treated with a steroid injection to the left knee. In the absence of the aforementioned documentation, the request for left knee arthroscopy with excision of the plica is not supported by the guidelines. As such, the request for left knee arthroscopy with excision of the plica is not medically necessary.

Left knee arthroscopy with partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for left knee arthroscopy with partial meniscectomy is not medically necessary. The injured worker has left knee pain. The California ACOEM Guidelines state that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear. Additionally, the guidelines state that there should be clear signs of a bucket handle tear on examination and consistent findings on magnetic resonance imaging. The documentation submitted for review failed to provide evidence consistent with a meniscal tear on examination. Additionally, the documentation submitted for review did not include evidence of a meniscal tear on magnetic resonance imaging. In the absence of the aforementioned documentation, the request for left knee arthroscopy with partial meniscectomy is not medically necessary.

Left knee arthroscopy with synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aurégan, J. C., et al. "Primary arthroscopic synovectomy for pigmented villo-nodular synovitis of the knee: recurrence rate and functional outcomes after a mean follow-up of seven years." *Orthopaedics & Traumatology: Surgery & Research* 99.8 (2013): 937-943.

Decision rationale: The request for left knee arthroscopy with synovectomy is not medically necessary. The injured worker has left knee pain. The article titled "Primary arthroscopic synovectomy for pigmented villo-nodular synovitis of the knee: recurrence rate and functional outcomes after a mean follow-up of seven years" concluded that primary arthroscopic synovectomy, either partial in nodular disease or total in diffuse disease, with subsequent chemical synovectomy if appropriate, ensures satisfactory disease control while preserving knee function. However, the documentation submitted for review did not provide evidence that the injured worker was diagnosed with pigmented villo-nodular synovitis of the left knee. In the absence of the aforementioned documentation, the request is not medically necessary.

Left knee arthroscopy with lateral release: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Lateral retinacular release.

Decision rationale: The request for left knee arthroscopy with lateral release is medically necessary. The injured worker has left knee pain. The Official Disability Guidelines recommend lateral retinacular release surgery for injured workers who have failed physical therapy, have knee pain with sitting, and have lateral tracking of the patella and abnormal patellar tilt on imaging studies. The documentation submitted for review provided evidence that the injured worker has failed conservative care including physical therapy, has pain upon sitting, and has magnetic resonance imaging of patella maltracking with instability and a laterally tilted and subluxated patella. Given the above, the request for left knee arthroscopy with lateral release meets medical necessity. As such, the request for left knee arthroscopy with lateral release is medically necessary.

Associated surgical service: Purchase of crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request for purchase of crutches is medically necessary. The injured worker has left knee pain. The Official Disability Guidelines recommend the use of walking aids. Additionally, the guidelines state that injured workers must be careful not to use their walking aids on the same side as the symptomatic leg, as this technique can actually increase the knee abduction moment. The documentation submitted for review provided evidence to substantiate the medical necessity for a left knee arthroscopy with lateral release surgery. As the documentation submitted for review provided evidence that the injured worker would be undergoing a left knee arthroscopy with lateral release, the request for purchase of crutches meets medical necessity. As such, the request for purchase of crutches is medically necessary.

Left knee arthroscopy with 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Chondroplasty.

Decision rationale: The request for left knee arthroscopy with chondroplasty is not medically necessary. The injured worker has left knee pain. The Official Disability Guidelines recommend chondroplasty when the injured worker has failed medication or physical therapy plus joint pain and swelling also with objective clinical findings of effusion or crepitus and limited range of motion on physical examination. Additionally, the guidelines require a chondral defect on magnetic resonance imaging. The documentation submitted for review failed to provide evidence that the injured worker had objective clinical findings of effusion, crepitus, or limited range of motion upon physical examination. In the absence of the aforementioned documentation, the request for left knee arthroscopy with chondroplasty is not medically necessary.

Associated surgical service: Initial post-op physical therapy, two times weekly for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for initial postop physical therapy, 2 times weekly for the left knee is medically necessary. The injured worker has left knee pain. The California Postsurgical Treatment Guidelines recommend 12 visits for the postsurgical treatment of a dislocation of the

patella. Additionally, the guidelines state that initial service period equals half of the recommended number of visits for the designated surgery. Furthermore, the guidelines state that the injured worker should be formally assessed after a 6 visit clinical trial to see if the injured worker is working in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. As such, the request for initial postop physical therapy, 2 times weekly times 3 weeks for the left knee is medically necessary.

Associated surgical service: Pre-op medical clearance: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, general.

Decision rationale: The request for preop medical clearance is not medically necessary. The injured worker has left knee pain. The Official Disability Guidelines state that preoperative testing is often performed before surgical procedures. Additionally, the guidelines state that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Furthermore, the guidelines state that patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing regardless of their preoperative status. Additionally, the guidelines state that electrocardiography is recommended for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The documentation submitted for review failed to provide evidence that the injured worker has signs, symptoms, or a diagnosis of cardiovascular disease. Additionally, the documentation submitted for review failed to provide evidence that the injured worker would be undergoing a high risk surgery or an intermediate risk surgery with additional risk factors. In the absence of the aforementioned documentation, the request for preop medical clearance is not medically necessary.

Associated surgical service: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG).

Decision rationale: The request for EKG is not medically necessary. The injured worker has left knee pain. The Official Disability Guidelines recommend preoperative electrocardiogram for patients undergoing high risk surgery and those undergoing intermediate risk surgery who have additional risk factors. The documentation submitted for review failed to provide evidence

that the injured worker would be undergoing a high risk surgery or that the injured worker would be undergoing an intermediate risk surgery and had additional risk factors. In the absence of the aforementioned documentation, the request for EKG is not medically necessary.

Associated surgical service: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: The request for preop chest x-ray is not medically necessary. The injured worker has left knee pain. The Official Disability Guidelines state that preoperative testing, including chest radiography, is often performed before surgical procedures. Additionally, the guidelines state that these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Additionally, the guidelines state that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Furthermore, the guidelines state that chest radiography is reasonable for patients at risk for postoperative pulmonary complications if the results would change perioperative management. The documentation submitted for review failed to provide evidence that the injured worker is at risk of postoperative pulmonary complications. In the absence of the aforementioned documentation, the request for preoperative chest x-ray is not medically necessary.

Associated surgical service: Pre-op labs: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Pre-operative lab testing.

Decision rationale: The request for preop labs is not medically necessary. The injured worker has left knee pain. The Official Disability Guidelines state that preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Additionally, the guidelines state that electrolyte and creatinine testing should be performed in patients with underlying chronic diseases and those taking medications that predispose them to electrolyte abnormalities or renal failure. The guidelines also state that random glucose testing should be performed in patients at risk for undiagnosed diabetes mellitus. Furthermore, the guidelines state that a complete blood count is indicated for patients with diseases that increase their risk of anemia or patients with whom significant perioperative blood loss is anticipated. Moreover, coagulation studies are reserved for patients

with a history of bleeding or medical conditions that predispose them to bleeding and for those taking anticoagulants. The documentation submitted for review failed to provide evidence that the injured worker would be undergoing an invasive urologic procedure or the implantation of a foreign material. Furthermore, the documentation submitted for review did not provide evidence that the injured worker has an underlying chronic disease or is taking medication that predisposes the injured worker to electrolyte abnormalities or renal failure. Additionally, there was no evidence that the injured worker has undiagnosed diabetes mellitus, is at risk for anemia, or has a history of bleeding or a medical condition that predisposes her to bleeding. Lastly, there was no documentation submitted for review that the injured worker was taking anticoagulants. In the absence of the aforementioned documentation, the request for preop labs is not medically necessary.