

<b>Case Number:</b>	CM15-0100433		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/06/2003
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 60 year old male who sustained an industrial injury on 02/06/2003. Treatment provided to date has included: physical therapy (12 sessions); lumbar decompression surgery; and 3 Orthovisc injections to the right knee with significant improvement. Diagnostic tests performed include: x-rays of the left knee (08/27/2014) which was noted to be normal; and a MRI of the left knee that showed a complex tear of the mid body medial meniscus, mild to moderate chondromalacia medial compartment, and mild to moderate chondromalacia patella. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/15/2015, physician progress report noted complaints of bilateral knee pain. The right knee pain is rated as 8 (0-10) and is described as improving. The left knee pain was rated 8-9 (0-10). The injured worker was reported to be frustrated due to the delay in approving the left knee surgery, and going through withdrawals (headaches and elevated blood pressure) because his medications have been denied. Additional complaints include back pain. The physical exam of the left knee revealed no swelling deformity or effusion, tenderness to palpation over the medial joint line, lateral joint line and patellar tendon, good stability, non-painful range of motion, and s positive McMurray's test. The provider noted diagnoses of right knee tibial plateau fracture - status post open reduction internal fixation, right knee osteomyelitis, severe right knee osteoarthritis, left knee medial meniscus tear, and left knee chondromalacia. Due to increasing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a left knee arthroscopy with medial meniscectomy, 12 sessions of post-operative physical therapy, pre- operative chest x-ray, EKG and laboratory testing, and ice therapy -cold compression unit for 3 weeks. Requested treatments include: left knee arthroscopy with medial meniscectomy, 12 sessions of post-operative physical therapy, pre-operative studies (chest x-

ray, EKG, and laboratory testing), and durable medical equipment (ice therapy -cold compression unit for 3 weeks).

### **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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 6/9/15 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." In this case, the MRI from 6/9/15 demonstrates significant two-compartment osteoarthritis in the medial and patellofemoral compartment. Therefore, determination is not medically necessary.

#### **Post-Operative Physical Therapy to the Left Knee, twice (2) per week for six (6) weeks: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Pre-Operative Chest X-Ray: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative Lab: CBC:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative Lab: Chem 7:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-Operative Labs: PT/PTT/INR:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Ice Therapy - Cold Compression x 3 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.