

Case Number:	CM15-0108475		
Date Assigned:	06/15/2015	Date of Injury:	09/25/2002
Decision Date:	08/18/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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: Illinois, California, Texas
 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:

This injured worker is a 58-year-old male who sustained an industrial injury on 9/25/02. Injury occurred when he was on top of a tanker picking up waste and was knocked off. He fell to the ground and sustained a complex left ankle fracture. He underwent an open reduction and internal fixation of the ankle fracture on 9/27/02, with subsequent hardware removal surgeries, and a left ankle fusion on 9/14/04. He developed complex regional pain syndrome. The 3/23/15 right knee MRI impression documented interval progression of the medial meniscal tear with stability of the early lateral meniscus tear, when compared to the prior imaging in 2012. There was a stable prior collateral ligament injury, severe popliteus tendinosis of the origin fibers, and tri-compartmental osteoarthritis. There was mild chondromalacia of the patellofemoral joint, moderate chondromalacia of the medial compartment with subchondral cystic change within the medial tibial plateau, and early tricompartmental marginal osteophytes. The 4/8/15 initial orthopedic report cited continued right knee pain. He had undergone arthroscopies on both knees, the right one about a year and a half ago. He had been treated with exercise and medications with continued complaints of diffuse and significant right knee pain. Imaging revealed a progression of a medial meniscus tear with degenerative tearing of the free edge, mild chondromalacia of the patellofemoral joint, and moderate changes of the medial compartment. There was a borderline discoid lateral meniscus with slightly blunting configuration of the free edge diffusely consistent with early degenerative tearing. Physical exam documented antalgic gait, use of a cane, limited right knee flexion but good extension, very mild effusion, and tenderness along both the medial and lateral joint lines. There was no

instability. X-rays showed good joint space maintenance but significant calcification of the menisci. The orthopedic surgeon opined that the major problem was due to chondrocalcinosis as the meniscal tears seemed very minimal. A corticosteroid injection was recommended to minimize his discomfort. The 5/6/15 orthopedic report documented that the right knee corticosteroid injection on 4/8/15 provided 3 to 4 days of good pain relief, but the symptoms were recurring. MRI results were discussed. Discussion of chondromalacia was documented with consideration of viscosupplementation injections. The injured worker desired more definitive treatment. The treatment plan recommended arthroscopic evaluation of the right knee for medial meniscus tear and chondral changes of the patellofemoral joint and medial compartment. Additional requests included 12 sessions of physical therapy, cryotherapy, and crutches. The 5/19/15 utilization review non-certified the request for arthroscopic evaluation of the right knee and associated items as the injured worker did not meet guideline criteria for meniscal surgery, and had failed to improve with the previous surgery or had tried viscosupplementation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic evaluation of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Meniscectomy.

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: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines (ODG) criteria for meniscectomy 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. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presents with persistent and significant right knee pain that limits function. Clinical exam findings are consistent with imaging evidence of medial meniscus tear and chondromalacia. Detailed evidence of reasonable and/or comprehensive operative and non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.

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, Knee & Leg, Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

Cryotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Continuous-flow cryotherapy.

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, which is not consistent with guidelines. Therefore, this request is not medically necessary.

12 physical therapy visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty 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 would be supported for one-half the general course or 6 visits. If it is determined that 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 is medically necessary.