

<b>Case Number:</b>	CM15-0192792		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oregon, Washington  
 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 51 year old male, who sustained an industrial injury on 6-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for persistent symptomatic left knee lateral meniscus tear. On 8-10-2015 the injured worker reported persistent left knee pain with intermittent swelling and catching about the lateral joint line. The Primary Treating Physician's report dated 8-10-2015, noted the injured worker with a left knee meniscus tear which had "not responded to conservative management". The Physician noted the previously requested surgery of an arthroscopic meniscectomy and debridement was pending authorization. The physical examination was noted to show the left knee with medial and lateral patella facet tenderness, and moderate exacerbated with flexion lateral joint line tenderness and a positive lateral McMurray's test. The left knee examination was noted to be unchanged since the 6-29-2015 physician's report. The Physician noted that following his assessment, it was his opinion that the injured worker required surgical intervention to repair the damaged structure of his left knee, unlikely that "further conservative treatment will provide substantial and lasting improvement of his condition". The treating physician indicates that a MRI of the left knee demonstrated chondral changes in the patellofemoral compartment and medial compartment with a complex tear of the lateral meniscus. Prior treatments have included left knee arthroscopic surgery 11-18-2012, physical therapy, hot-cold packs, left knee Cortisone injection 2-11-2014 noted to not be helpful, and medications including Naproxen, Tramadol, and Motrin. The treatment plan was noted to include the awaited authorization for the recommended surgery. The request for authorization dated 9-15-2015, requested a left knee arthroscopic meniscectomy and

debridement Qty: 1.00, post-op physical therapy Qty: 12.00, and a cold therapy w/ pad and wrap (indefinite use). The Utilization Review (UR) dated 9-22-2015, denied the requests for a left knee arthroscopic meniscectomy and debridement Qty: 1.00, post-op physical therapy Qty: 12.00, and a cold therapy w/ pad and wrap (indefinite use).

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

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

**Left knee arthroscopic meniscectomy and debridement Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, 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 demonstrates osteoarthritis of the knee in addition to 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. As the patient has significant osteoarthritis the request is not medically necessary.

**Post-op physical therapy Qty: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

**Associated surgical service: Cold therapy w/ pad and wrap (indefinite use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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 Chapter regarding continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is not medically necessary.