

<b>Case Number:</b>	CM15-0195536		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/09/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 63-year-old female sustained an industrial injury on 6/9/15. Injury occurred while she was working as an LVN and she picked up a mentally disabled patient from the floor to a wheelchair. Past medical history was positive for diabetes and hypertension. Past surgical history was positive for gastric bypass and several eye surgeries for a detached retina. Initial treatment included activity modification, anti-inflammatory medications, and physical therapy. The 8/26/15 right knee MRI impression documented patellofemoral osteoarthritis with focal areas of full thickness cartilage loss and a 7mm intra-articular loose body posterior to the posterior cruciate ligament. The 9/8/15 initial orthopedic exam cited generalized knee pain with swelling, instability and locking. He had pain when pivoting on the knee and with stairs. The knee had been collapsing under pressure. The injured worker did not squat and could walk a limited distance. Conservative treatment had included 10 to 12 sessions of physical therapy without benefit, heat packs, and anti-inflammatory and pain medications. Right knee exam documented moderate effusion, range of motion 0 to 135 degrees, and positive meniscal grind test. There was no tenderness to palpation, instability, or pain with valgus and varus stress testing. Authorization was requested for right knee arthroscopy with chondroabrasion, debridement and synovectomy followed by post-op physical therapy 3 times a week for 4 weeks, right knee. The 9/22/15 utilization review noncertified right knee arthroscopy with chondroabrasion, debridement and synovectomy, and associated request for 12 visits of post-operative physical therapy as there was no official imaging study, no indication of loose bodies, and no evidence of persistent synovitis that had failed to respond to conservative treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with chondroabrasion, debridement and synovectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg, MD Guidelines.

**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: Arthroscopic surgery for osteoarthritis; Chondroplasty.

**Decision rationale:** The California MTUS 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. The Official Disability Guidelines do not generally recommend arthroscopic surgery for osteoarthritis. Guidelines state that arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless a patient has a clear history of mechanical locking associated with intraarticular loose bodies or meniscal tears, emphasizing the importance of proper patient selection. Guideline 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 knee pain with instability, locking, swelling, and giving way. Functional limitation is documented in activities of daily living. Clinical exam findings are consistent with imaging evidence of full thickness chondral defects and intra-articular loose body. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

**12 sessions of post op physical therapy, 3 times a week for 4 weeks, right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg.

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for 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. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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.