

<b>Case Number:</b>	CM15-0218598		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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 59-year-old male who sustained an industrial injury on 9/24/13. Injury occurred when he slipped and fell while working as a security guard, injuring his low back and left knee. Past medical history was positive for hypertension. Records documented the 10/29/13 left knee MRI impression showing extensive complex degenerative tearing of the lateral meniscus, and medial meniscus longitudinal horizontal tear at the body/posterior horn junction. There was low grade patellar chondral loss and fissuring. There was partial thickness quadriceps and patellar tendon interstitial tearing. There was severe anterior cruciate ligament degeneration, tibial collateral ligament partial thickness tear, and small joint effusion with popliteal cyst. The 2/20/15 treating physician report indicated that the injured worker had significant complaints and mechanical findings of grinding, popping, clicking, weakness, and inability to squat or kneel. Pain was aggravated with loading activities such as stairs and getting up from a seated position. Physical exam documented diminished and painful flexion of 100 degrees. There were positive McMurray's, Apley's, compression and distraction tests. Imaging findings showed extensive complex degenerative tearing of the lateral and medial meniscus and patella low grade chondral loss and fissuring. Arthroscopic surgery was recommended to include trimming and smoothing rough edges on a meniscus and resealing disrupted costochondral cartilage. Records documented that cardiac issues were discovered at the time of pre-operative medical clearance and surgery was delayed. The 10/2/15 treating physician report cited grade 6-7/10 left knee pain, with popping and clicking. Functional difficulty was noted with squatting and stair use. Physical exam documented range of motion 0-95 degrees. Surgical clearance was pending from the cardiologist on 10/5/15. Authorization was requested for left knee arthroscopy, 7 days rental of a

cold therapy unit, and 8 post-operative physical therapy visits. The 10/19/15 utilization review non-certified the left knee arthroscopy and associated surgical requests as an official MRI report was not 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**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: Chondroplasty.

**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 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 left knee pain and mechanical symptoms. Clinical exam findings are consistent with reported imaging findings of complex lateral and medial meniscus tears and chondral defect. Reasonable conservative treatment has been tried and has failed to provide sustained relief. Therefore, this request is medically necessary.

**7 days rental of cold therapy unit:** 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 and 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 is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. This request is consistent with the guidelines. Therefore, this request is medically necessary.

**8 post operative physical therapy visits:** Overturned

**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:** 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. 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.