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| <b>Case Number:</b>   | CM15-0222499 |                              |            |
| <b>Date Assigned:</b> | 11/18/2015   | <b>Date of Injury:</b>       | 02/20/2015 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 11/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2015 |

### 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 44-year-old male who sustained an industrial injury on 2/20/15. He reported an onset of left knee pain and swelling while he was lifting boxes weighing over 70 pounds, and palletizing them. Conservative treatment included cane, physical therapy, activity modification, pain medication, and anti-inflammatory agents. The 6/4/15 left knee MRI impression documented complex tears of the medial meniscus with a large longitudinal component extending from the central segment posterior root, posterior horn and body, to the peripheral margin of the anterior horn, along with horizontal cleavage tear involving the anterior horn of the body. The 8/3/15 initial orthopedic consult report cited constant left knee aching becoming sharp and shooting with standing. Associated symptoms included clicking, popping, locking, swelling, and giving out. Difficulty was reported with prolonged standing and walking, and ascending/descending stairs. Left knee exam documented antalgic gait, patellar crepitus and grinding, lateral joint line tenderness, and tenderness over the medial patellar facet. McMurray's was positive. Left knee x-rays showed decreased joint space in the medial aspect of the joint capsule with osteophytes. Imaging showed complex medial meniscus tears. The 10/27/15 orthopedic report cited persistent pain and swelling with significant functional disability. Conservative treatment had been tried and failed. Physical exam documented patellar crepitus on flexion and extension with pain on patellar compression. The medial and lateral joint lines were tender, and McMurray's test was positive. Imaging showed complex medial meniscus tears. Authorization was requested on 10/27/15 for left knee arthroscopy with partial meniscectomy and 12 sessions of post-op physiotherapy. The 11/3/15 utilization review non-certified the

request for left knee arthroscopy with partial meniscectomy and associated post-op physiotherapy as left knee imaging was not available 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 with partial meniscectomy:** 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: 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 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. Guideline criteria have been met. This injured worker presents with persistent left knee pain with associated swelling, clicking, popping, locking, and giving out. Clinical exam findings were consistent with imaging evidence of complex medial meniscus tears. 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.

**Post-op physiotherapy x 12, 3 times weekly for 4 weeks, left knee:** 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 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.