

<b>Case Number:</b>	CM15-0040064		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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:

The injured worker is a 57-year-old female who sustained an industrial injury on 3/09/13, relative to a trip over a small rug. She reported that both knees twisted and popped with onset of pain. Past medical history is positive for diabetes, hypertension, and a renal condition. She underwent right knee arthroscopy with meniscectomy and chondroplasty on 11/11/13, which did not help. The 3/4/14 left knee MRI impression documented a complex tear of the posterior horn of the medial meniscus, myxoid degenerative of the anterior cruciate ligament, and small joint effusion. There was full thickness cartilage loss overlying the anterior weight bearing portion of the medial femoral condyle and peripheral half of the medial tibial plateau. The 2/9/15 treating physician report cited on-going bilateral knee pain, left greater than right, with frequent popping, periodic swelling, and intolerance for prolonged standing and walking. Physical exam documented bilateral slow antalgic gait, with front wheel walker. Left knee exam documented medial greater than lateral joint line tenderness, range of motion -5 to 90 degrees with positive crepitus/grind, and positive Apley's and McMurray's. The diagnosis included left knee medial meniscus tear with chondromalacia and chondral defect. The treatment plan recommended left knee arthroscopy with partial meniscectomy and abrasion chondroplasty. The treatment plan recommended walker use, knee brace, ice/heat, stretching exercise, and medications (cleared by her primary care physician) pending surgery. She was unable to take some medications due to renal issues. The patient was capable of modified work. The 2/18/15 non-certified the request for left knee arthroscopy with partial medial and lateral meniscectomy and abrasion chondroplasty, and the associated requests for post-op physical therapy and cold therapy unit purchase. The

rationale for non-certification was based on elevated body mass index (47.5) and co-morbidities that make her a poor surgical candidate.

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

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

**Left knee arthroscopy, partial, medial and lateral meniscectomy, abrasion chondroplasty:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** Left knee arthroscopy with partial medial and lateral meniscectomy, abrasion chondroplasty. The California MTUS 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 patient presents with persistent function-limiting left knee pain with frequent popping and periodic swelling. Clinical exam findings are consistent with imaging evidence of a complex medial meniscus tear and chondromalacia. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Although this patient has a markedly elevated body mass index (and weight loss would typically be a reasonable conservative treatment option in general); there is no guideline criteria for body mass index for knee surgery other than knee joint replacement. Therefore, this request is medically necessary.

**Post-operative physical therapy 2 times a week for 3 weeks, for left knee:** 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 initial request for post-operative physical therapy is consistent with guidelines. Therefore, this request is medically necessary.

**Associated surgical service: cold therapy unit for purchase, for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 may be an option for up to 7 days in the post-operative setting following knee surgery. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. This request is for purchase which exceeds guideline recommendations. Therefore, this request is not medically necessary.