

Case Number:	CM15-0045864		
Date Assigned:	03/18/2015	Date of Injury:	05/31/2011
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/11/2015

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: Minnesota, Florida
 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 45-year-old male who dislocated his right knee on 5/23/2011 and underwent complex ligamentous reconstructions of the anterior cruciate ligament and posterior cruciate ligament and subsequently also had manipulation under anesthesia for arthrofibrosis. The ACL reconstruction, PCL reconstruction, and medial meniscectomy were performed on 9/30/2011. The injured worker again underwent arthroscopy with manipulation under anesthesia, synovectomy of anterior and superior compartments and partial lateral meniscectomy on 9/14/2012. The provider is requesting additional surgery for a lateral meniscal tear that was noted on the MR arthrogram in 2013. The injured worker complains of chronic pain for which he is on opioids. A request for arthroscopy of the knee and manipulation under anesthesia was noncertified on 2/28/2014 as the MR arthrogram of February 12, 2013 had not been submitted and there was no documentation of a meniscal tear. As such, the surgical request was noncertified. The injured worker continued to complain of knee pain but no mechanical symptoms were documented. The progress notes indicate that the knee has been injected with corticosteroids 3 times, initially on 8/7/2014, then on 9/23/2014 and 1/29/2015. Continuing pain and limitation of motion are documented. The range of motion on 9/23/2014 was 0-120 degrees. The MR arthrogram report has now been provided. The report is dated 2/12/2013. The impression was, 1. Anterior cruciate ligament graft mild infiltrative change and/or an intrasubstance sprain but there is no focal tear defect identified. 2. Scarring of fibular collateral ligament repair reconstruction. Scarring of medial collateral ligament with osseous prominence about the proximal MCL and femoral attachment to distal medial femoral metaphysis which

could be from previous avulsion or heterotopic ossification. Osteochondroma or enthesopathy about the adductor tubercle and adductor magnus attachment could also be possible. 3. Fraying and slight oblique longitudinal tearing of free edge and superior and inferior margins of the remaining lateral meniscus posterior horn extending towards notch. 4. Chondral thinning and fissuring with areas possibly to bone along posterolateral tibial plateau. 5. Synovitis and prominent bandlike or sheetlike scarring of the fat margins along anterior joint line and trochlea extending to lower patellar margin and to anterior tibial eminence and notch which may be a localized arthrofibrosis. 6. Suprapatellar recess appears small and attenuated with possible scarred suprapatellar plica or curtain and adhesions or compartmentalization about the suprapatellar recess could be possible. A follow-up examination of 12/18/2014 indicated continuing pain in the right knee. Physical examination revealed range of motion from 0-95 degrees. There was no instability documented. His gait was antalgic. The assessment was ongoing arthrofibrosis with lateral meniscus tear, right knee. On January 29, 2015 he continued to complain of pain in the right knee. No mechanical symptoms were documented. The range of motion was 0-100 degrees. The joint was injected with Depo-Medrol and lidocaine in the superolateral corner. This gave him some immediate pain relief. On 2/13/2015 utilization review noncertified a request for right knee arthroscopy and postoperative physical therapy 2-3 times a week for 4-5 weeks. He is now almost 4 years post injury and no recent standing films are available to check the progression of the degenerative changes that were noted on the MR arthrogram 2 years ago. No recent MRI scan is available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines: Section: Knee, Topic: Diagnostic arthroscopy.

Decision rationale: California MTUS guidelines indicate surgical considerations for activity limitation and failure of exercise programs to increase range of motion and strength of the musculature around the knee. No recent comprehensive home exercise program or physical therapy is documented. The requested procedure is arthroscopy but the type of surgery has not been specified. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscal tear with symptoms of locking, popping, giving way, recurrent effusions which have not been documented in the medical records. The injured worker had undergone a partial lateral meniscectomy and manipulation under anesthesia as well as synovectomy in September 2012 and the MR arthrogram of February 2013 showed a slight oblique longitudinal tear of the free edge of the lateral meniscus probably at the site of the previous resection. In the absence of mechanical symptoms the guidelines do not support surgery for this type of tear. Of concern is the presence of degenerative changes in the lateral compartment 2 years ago and the continuing pain in the knee which likely represents progression

of the degenerative change. Standing x-rays or other recent imaging studies have not been documented. If the request pertains to a diagnostic arthroscopy, the guidelines require imaging studies that have been inconclusive. Such is not the case here. The last imaging study was 2 years ago and it was not inconclusive. As such, a diagnostic arthroscopy is not supported. The onset of degenerative changes is a result of the trauma to the joint and cannot be predicted. However, to follow the guidelines, the request for unspecified arthroscopy, is not supported for the aforementioned reasons, and as such, the medical necessity of the request has not been substantiated. This request is not medically necessary.

Post-operative physical therapy 2-3 times a week for 4-5 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.