

Case Number:	CM15-0067714		
Date Assigned:	04/15/2015	Date of Injury:	04/04/2011
Decision Date:	07/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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 38-year-old female who sustained an industrial injury on 4/4/11, relative to a slip and fall. Past surgical history was positive for left knee arthroscopy in 1990. She underwent left knee arthroscopy with partial medial meniscectomy, subcutaneous lateral release, patelloplasty, chondroplasty of the femoral groove, partial synovectomy with removal of loose bodies and arthrotomy of the knee with medial capsular reconstruction on 6/8/12k, and Fulkerson osteotomy procedure on 7/16/13. She was diagnosed with left patellofemoral malalignment with patellofemoral degenerative arthritis. She was under active psychological treatment for depression. The 9/18/14 left knee MR arthrogram impression documented no meniscal, ligamentous or acute tendinous tearing. She was status post repair of the patellar tendon with internal fixation screws overlying the tibial tubercle proximal tibial metaphysis, with no abnormal signs to suggest infection. There was a flattened trochlea (type B dysplasia) with prominent lateral patellar tilt. The articular surfaces of the trochlea, the median patellar ridge, and medial patella facet are significantly thinned and almost denuded. There was no osteochondral defect or bone edema. Small medial and lateral marginal osteophytes and small patellar enthesophytes have developed. The 1/27/15 treating physician report cited worsening knee pain to the point where she had been authorized for a wheelchair. She was having neck, shoulder, and hand pain from walking with crutches. Physical exam documented markedly antalgic gait on the left, knee tenderness and crepitation with motion, recurrent effusion, multiple scars, tenderness over the screw sites of the knee, positive patellofemoral crepitation, and positive Jones test. She had derivative symptoms and an antalgic gait on the right. There were

some dystrophic skin changes. The diagnosis included chronic left knee pain, patellofemoral arthritis, status post Maquet procedure, and rule-out complex regional pain syndrome. She had failed conservative treatment and multiple surgical procedures. Conservative treatment had included viscosupplementation, corticosteroid injection, physical therapy, weight loss, and activity modification. She underwent chondroplasty and a Maquet procedure which was a failure. The treatment plan recommended repeat knee arthroscopy with debridement and staging procedure with possible patellofemoral replacement after assessment. A complex regional pain syndrome (CRPS) specialist evaluation was recommended prior to medical clearance and left knee surgery. The 2/24/15 treating physician report cited left knee tenderness and pain at the screw site, and right heel pain. She was increased lower back pain secondary to abnormal gait. Physical exam documented left medial joint line tenderness, screw site tenderness, and decreased lumbar spine range of motion. The diagnosis was CRPS, retained hardware, and derivative lower back pain. The treating physician noted he was awaiting authorization for CRPS specialist evaluation. The treatment plan included hardware removal. Authorization was requested on 3/16/15 for left knee arthroscopy intra-articular surgery, post-op knee brace, post-op physical therapy 3x4, cold therapy 2 week rental, and pre-op medication clearance and testing. The 3/20/15 utilization review non-certified the left knee arthroscopic intra-articular surgery and associated surgical request as the pain was mainly described at the screw and removal would not require intra-articular surgery, and a pending complex regional pain syndrome evaluation was noted. The 3/31/15 treating psychologist report indicated that the injured worker underwent left knee surgery on 3/10/15 for the removal of two screws. She was reported less stabbing pain and no longer felt the skin irritation from the screw which was poking out. She was scheduled for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy intra articular surgery: Upheld

Claims Administrator 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 Chapter, Diagnostic arthroscopy, arthroscopic surgery for osteoarthritis; JBJS Vol. 88A, 5, May 2006, pages 936-943.

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: Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS guidelines do not provide specific recommendations for this surgery. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis. Guidelines state that arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. Guideline criteria have not been met. This injured worker presented with left knee pain and tenderness over screw sites. Significant functional limitation was noted. Clinical exam findings were consistent with painful hardware and imaging evidence of patellofemoral arthritis. There were also findings concerning

for complex regional pain syndrome. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. This surgical request included staging for patellofemoral joint replacement. Records documented a subsequent removal of hardware and no evidence that the CRPS evaluation had been completed. A subsequent evaluation for pain and functional assessment was not submitted to support the medical necessity of surgery. Therefore, this request is not medically necessary at this time.

Post-op Brace - Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Prefabricated knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee braces.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op Physical Therapy - Left Knee 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op cold therapy (2 week rental): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, 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: As the surgical request is not supported, this request is not medically necessary.

Pre-op medical clearance and testing: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.