

<b>Case Number:</b>	CM15-0068419		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 46-year-old male, who sustained an industrial injury on 2/15/14. Injury occurred when he was moving a roll of paper and twisted, sustaining a back injury and subsequently developed bilateral knee pain. The 4/11/14 left knee MRI impression documented degenerative arthritis, anterior cruciate ligament tear, chronic tear of the body and anterior horn of the medial meniscus, bone island in the medial femoral condyle, and moderate knee joint effusion with fluid extending into the suprapatellar bursa. The 4/11/14 right knee MRI impression documented degenerative arthritis, chronic tear of the body and anterior horn of the medial meniscus, ganglion cyst adjacent to the anterior cruciate ligament, bone island in the medial femoral condyle and distal femoral metaphysis, small knee joint effusion with fluid extending into the suprapatellar bursa, and grade IV chondromalacia patella. Records indicated that the patient was taking anti-inflammatory medications and muscle relaxants and receiving physical therapy for his low back. The 3/3/15 treating physician report cited ongoing bilateral knee pain, left greater than right, associated with giving way and swelling. Symptoms were increased with going up/down stairs, kneeling, squatting, and prolonged weight bearing activities. The injured worker reported that he had received no treatment for his knees and was not performing any home exercise. He was working regular duties. Bilateral knee exam documented range of motion 0-130 degrees with no malalignment, deformity, swelling, ecchymosis, instability, or lower extremity muscle atrophy. There was mild effusion with bilateral medial and left facet tenderness, moderate medial joint line tenderness, and positive medial McMurray's. Authorization was requested for bilateral knee arthroscopic meniscectomy and debridement, pre-op evaluation and clearance with an internist, physical therapy evaluation and treatment 3x6, cold therapy unit with compression 30 day rental, and transportation to and

from the surgery center via wheelchair van. The 4/1/15 utilization review non-certified the bilateral knee arthroscopic meniscectomy and debridement and associated surgical requests, as there was no documentation of guideline recommended conservative treatment failure.

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

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

#### **Arthroscopic Meniscectomy and Debridement of the Right and Left Knee: 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), Treatment Index, 13th Edition (web), 2015, Knee and Leg, Meniscectomy.

**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:** 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. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. 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 not been met. This injured worker presents with persistent knee pain with giving way and swelling. Clinical exam findings are consistent with imaging evidence of bilateral medial meniscal tears. There is also evidence of bilateral degrees arthritis and left grade IV chondromalacia patella. Evidence of recent, reasonable and/or comprehensive non-operative guideline-recommended treatment protocol trial and failure has not been submitted. There is no evidence of any treatment directed to the knees. Therefore, this request is not medically necessary at this time.

#### **Pre-Operative Evaluation for Surgical Consultation for Clearance with Internist: 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.

#### **Post-Operative Physical Therapy Evaluation and Treatment (18-sessions, 3 times a week for 6 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.

**Associated Surgical Service: Cold Therapy Unit with Compression (30-day rental): Upheld**

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

**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: Cold compression therapy; Game Ready<sup>®</sup> 1/2 accelerated recovery system.

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

**Associated Surgical Service: Transportation To and From the Surgery Center via Wheel Chair Van: Upheld**

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

**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: Transportation (to & from appointments).

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