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| **Case Number:** | CM15-0085315 | | |
| **Date Assigned:** | 05/07/2015 | **Date of Injury:** | 06/27/2000 |
| **Decision Date:** | 08/04/2015 | **UR Denial Date:** | 04/20/2015 |
| **Priority:** | Standard | **Application Received:** | 05/04/2015 |

## 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: California
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 54 year old male, who sustained an industrial injury on June 27, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having chronic left knee pain status post 8 left knee surgeries. Diagnostic studies to date have included MRIs. Treatment to date has included work modifications, a home exercise program, viscosupplementation injections, steroid injections, platelet rich plasma injections, and pain medication. On April 9, 2015, the treating physician notes the MRI shows worsening since one month prior. The injured worker has significant pain and continued give way. The physical exam revealed a small effusion, pain of the medial and lateral joint lines, pain with a positive McMurray's, and negative anterior drawer, posterior drawer, posterolateral drawer, and Lachman's. There was a 1+ pivot. The treating physician notes the MRI revealed medial and lateral tears, laxity of the anterior cruciate ligament, and intact graft fibers. An ultrasound was performed in the office with a tear of the distal anterolateral ligament. The treatment plan includes a left knee arthroscopy with medial and lateral meniscectomy versus repair open anterolateral ligament reconstruction with allograft and internal brace; pre-operative clearance; labs: complete blood count, renal function panel, and electrocardiogram; 8-16 sessions of post-operative physical therapy; an assistant surgeon; and a platelet rich plasma injection for the left knee. The requested treatments are a left knee arthroscopy with medial and lateral meniscectomy versus repair open anterolateral ligament reconstruction with allograft; pre-operative clearance; labs: complete blood count, renal function panel, and electrocardiogram; 8-16 sessions of post-operative physical therapy; an assistant surgeon; and a platelet rich plasma injection for the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy medial and lateral meniscectomy versus repair:** 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), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG Knee and Leg section, Meniscectomy section.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes from 4/9/15 do not demonstrate evidence of adequate course of physical therapy. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.

**Associated surgical services: Open ALL reconstruction with allograft:** 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), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

**Decision rationale:** CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence." In addition, physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case, the exam notes from 4/9/15 do not demonstrate evidence of instability and the MRI from 2/23/15 does not demonstrate a complete tear of the ACL. Therefore, the request is not medically necessary.

**Associated surgical services: Pre-op clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS.  Decision based on Non-MTUS Citation Preoperative Evaluation and Management: Medscape.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

**Associated surgical services: Labs - CBC and enal function panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS.  Decision based on Non-MTUS Citation Medscape: Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

**Associated surgical services:  Post-op physical therapy (x 8-16):** Upheld

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

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

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

**Associated surgical services:  Assistant surgeon:** 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.

**PRP injection 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).

**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, PRP.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of platelet-rich plasma (PRP) for the knee. According to the ODG, Knee and Leg, PRP, "Under study. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." As the guidelines do not support PRP for the knee, the request is not medically necessary.