

Case Number:	CM15-0089160		
Date Assigned:	05/13/2015	Date of Injury:	01/20/2014
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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 44-year-old male who sustained an industrial injury on 1/20/14. Injury occurred while he was working as a driver doing deliveries. He was lifting heavy weights with onset of left knee pain stepping out of his truck. He underwent left knee arthroscopic surgery with partial medial meniscectomy and chondroplasty of the medial femoral condyle and patella on 10/31/14, followed by 22 post-operative physical therapy visits. The 1/19/15 treating physician report documented an onset of right knee compensatory pain. The 2/13/15 right knee MRI impression documented complex medial and lateral meniscus tears, tricompartmental cartilage abnormalities, and anterior cruciate ligament (ACL) degeneration with possible partial thickness tear component. The 3/24/15 orthopaedic report cited medial and lateral right knee pain with swelling and giving way episodes. Physical exam documented moderate effusion with limited flexion in the weight bearing posture. There was good extension. There was marked medial and lateral tenderness, pain with internal and external rotation, and no instability. MRI showed complex tears at both medial and lateral meniscus with some ACL irregularity. There was evidence of lateral patellofemoral compression. He was tender over the lateral patellar facet and x-rays showed a large spur in that area. There was moderate narrowing in the medial compartment on x-ray but joint space was still present. The orthopaedic surgeon opined that physical therapy or corticosteroid injection would not be beneficial in light of the MRI findings. Authorization was requested for right knee arthroscopic surgery with partial medial and lateral meniscectomy and lateral retinacular release, 12 post-operative physical therapy sessions, crutches, and a cryotherapy unit. The 4/21/15 treating physician response to a request for

additional information stated that the injured worker would not benefit from any physical therapy. He had been trying to exercise independently but it had not been helpful and caused more pain. The request for lateral release was due to the presence of a large lateral patellar osteophyte. There was significant tenderness to palpation in that area which was more painful in sitting. He had not had any dislocations or subluxations but x-rays do show the spur along with slight patellar tilt on x-rays. The right knee was causing him to not be able to get the rehab necessary for his left knee. Authorization for right knee surgery was requested. The 4/27/15 utilization review non-certified the right knee arthroscopic surgery with partial medial and lateral meniscectomy and lateral retinacular release and associated surgical requests based on a lack of documented failure of reasonable and adequate conservative care, and no clinical and/or imaging evidence of extensor malalignment. The 4/29/15 treating physician appeal letter cited current complaints of bilateral knee pain, right greater than left. Pain was increased with ambulation and slightly better with rest. He was avoiding oral medications due to elevated liver enzymes. The injured worker was limited in lifting, squatting, kneeling, prolonged sitting or standing, and climbing stairs or ladders. He had joint line tenderness and medial collateral ligament laxity. There was moderate effusion with limited flexion in the weight bearing posture. Pain with internal and external rotation. The MRI showed complex tears of both the medial and lateral meniscus with some irregularity of the anterior cruciate ligament and evidence of lateral patellofemoral compression. Appeal of the denial of right knee surgery was requested to improve function and activity tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

One arthroscopic surgery of the right knee with partial medial and lateral meniscectomy and a lateral retinacular release: Overturned

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 Knee & Leg (Acute & Chronic): Lateral Retinacular Release - Indication for Surgery - 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: Meniscectomy; Lateral retinacular release.

Decision rationale: The California MTUS 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. 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. Guidelines recommend patellar stabilization, in the form of lateral retinacular release, when surgical indications are met. Criteria include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have

been met. This injured worker presents with persistent right knee pain and significant functional impairment. Clinical exam findings are consistent with imaging evidence of medial and lateral meniscal tears. Clinical exam findings are also consistent with lateral patellofemoral compression and x-ray evidence of abnormal patellar tilt. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including activity modification and exercise, and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Twelve (12) post operative physical therapy sessions:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy 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 is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

Associated surgical services: One set of crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (Acute & Chronic) : Walking aids (2015).

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

Associated surgical services: One cryotherapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & LEg (Acute & Chronic): Continuous -flow cryotherapy (2015).

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 are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.