

<b>Case Number:</b>	CM14-0145849		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old female caregiver/housekeeper sustained an industrial injury on 3/9/13. Injury occurred when she tripped on a rug and almost fell to the ground. Her right knee hit the floor, both knees twisted, and she felt a pop and pain on both sides. Past medical history was positive for diabetes, venous insufficiency, and hypertension. She underwent right knee arthroscopic partial meniscectomies, chondroplasty, and synovectomy on 11/11/13. The 3/4/14 left knee MRI impression documented a complex tear of the posterior horn of the medial meniscus. There was full thickness cartilage loss overlying the anterior weight bearing surface of the medial femoral condyle and peripheral half of the medial tibial plateau. Records indicated the patient had left knee pain with periodic swelling, popping with walking and stairs, and increased pain with weight bearing or pivoting activities. The patient underwent bilateral knee steroid injections in March which were documented as providing about 2 weeks of non-specific benefit. The 5/7/14 orthopedic report indicated the patient had worsening bilateral knee pain and mechanical symptoms. She requested a wheelchair because of difficulty walking. Gait was antalgic with use of a cane. Right knee exam documented healed surgical portal scars with mild tenderness and effusion. Left knee exam documented more specific tenderness over the medial and lateral menisci with crepitus. Apley's and McMurray's signs were positive. The diagnosis was left knee lateral meniscus tears with chondromalacia and chondral defect, and right knee arthrosis. The patient had failed conservative treatment with rest, ice, medications, and physical therapy. The treatment plan recommended left knee arthroscopy, lateral meniscectomy, and abrasion chondroplasty. Viscosupplementation for the right knee was recommended if not improved with more therapy and home exercise. The 7/29/14 treating physician report cited constant bilateral knee pain, left greater than right. The patient had lost ten pounds with dieting. Physical exam documented systemic edema and swelling of both lower extremities. There were moderate to

severe vascular problems noted. There was moderate to severe bilateral lower extremity muscle tenderness and along the joint line bilaterally. McMurray's was positive bilaterally. Lateral pivot shift produced pain bilaterally. There was normal lower extremity motor function and sensory appreciation. Active range of motion was documented as 0-92 degrees right and 0-82 degrees left. The treatment plan recommended left knee arthroscopic surgery and steroid injections to the right knee, up to 3. The 8/5/14 utilization review denied the request for left knee arthroscopic surgery as the patient had a body mass index of 47.5 and there was a lack of objective functional improvement following the right knee arthroscopy in November 2013. The request for right knee steroid injection was denied as the patient did not meet guideline criteria for repeat injections.

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

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

**Left knee arthroscopic surgery:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 65 and 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

**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, Chondroplasty

**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. Guideline criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met for meniscectomy and chondroplasty. The patient presents with persistent left knee pain, popping, and swelling. Exam noted loss of range of motion, medial joint line tenderness, and positive Murray's. Imaging confirms a medial meniscus tear and chondral defect. Guideline-recommended conservative treatment has been tried and failed to produce sustained benefit. Guidelines do not provide specific body mass index criteria for these procedure. Therefore, this request is medically necessary.

**Right Knee steroid injection(s), up to three (3.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Corticosteroid injection

**Decision rationale:** The California MTUS state that corticosteroid injection are not routinely indicated but repeat corticosteroid injection for the knee are optional. The Official Disability Guidelines recommend steroid injections for patients with documented symptomatic severe osteoarthritis who meet specific criteria. For repeat injections, guidelines limit the total number to a total of 3. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. Guideline criteria have not been met. This request for a series of 3 steroid injections exceeds guideline recommendations as one injection has already been provided. The right knee steroid injection provided on 3/14/14 produced non-specific benefit for about two weeks. Given the failure to meet guideline criteria, this request is not medically necessary.