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| Case Number: | CM14-0161332 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 12/04/2008 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 63-year-old retired female sustained an industrial injury on 12/4/08. Injury occurred when she slipped in a puddle of wax and fell. Past medical history was positive for hypertension, obesity, depression, and arthritis. Past surgical history was positive for right knee arthroscopic medial and lateral meniscectomy and chondroplasty on 7/18/12. The 2/11/14 right knee x-rays demonstrated mild to moderate tricompartmental degenerative changes. The patient underwent five Supartz injections in March/April 2014 with good initial pain reduction and improvement in function, but overall symptoms were reported worsened after the injection series. The 7/26/14 right knee MRI impression documented advanced patellofemoral chondromalacia with broad full thickness chondral loss in the lateral trochlea and patellar facet extending to the central patella with subchondral changes. There was a blunted medial meniscus most likely from prior partial meniscectomy with chronic grade 3 tear signal in the posterior horn extending to the inferior articular surface. There was a blunted lateral meniscus most consistent with interval partial lateral meniscectomy with a chronic horizontal tear signal extending from the anterior to posterior horn that appears new from prior study. There was mild to moderate medial and lateral compartment arthrosis and mucinous degeneration of the anterior cruciate ligament. There was small joint effusion with synovitis and a moderate sized popliteal cyst. The 9/8/14 treating physician report cited severe right knee pain with prior benefit to Supartz injections. The patient presented for discussion of patellofemoral replacement. Physical exam documented antalgic gait, right knee range of motion 0-120 degrees, knee effusion, lateral joint line tenderness, patellofemoral joint pain, positive lateral McMurray's test, and 5/5 knee strength with normal muscle tone. X-rays of the knee demonstrated normal alignment and decreased patellofemoral compartment joint space. The recent MRI was reported as inconclusive with regards to the patellofemoral replacement versus a total knee replacement. There was a new large lateral

meniscus tear. The treatment plan recommended an arthroscopy to take care of the meniscal tear and evaluate the articular cartilage relative to partial versus total replacement. The 9/12/14 utilization review denied the right knee surgery and associated requests as there was no documentation of failure of guideline-recommended conservative treatment or complaints of mechanical symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee lateral meniscectomy and chondroplasty:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345,347. 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. 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. Chondroplasty is not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. Guideline criteria have not been met. There is no evidence that the patient has mechanical knee symptoms, other than pain. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy and anti-inflammatory medication, and failure has not been submitted. Therefore, this request is not medically necessary.

Crutches: 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, Walking aids (canes, crutches, braces, orthoses, & walkers)

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

Ice machine x 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physical therapy x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Post-Surgical Physical Medicine

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

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