

Case Number:	CM14-0165439		
Date Assigned:	10/10/2014	Date of Injury:	10/28/2009
Decision Date:	11/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopaedic 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 52-year-old male salesman sustained an industrial injury on 10/28/08. Injury occurred when he fell from his truck sustaining 4 broken ribs, a pneumothorax requiring chest tubes, concussion, and injuries to the right shoulder, bilateral knees, elbows, and right ankle. Past medical history was positive for hypertension. Past surgical history was positive for right wrist surgery in October 2008, May 2012 and May 2013, right shoulder arthroscopy in 2009 and 2013, left knee arthroscopy in February 2011, and right knee arthroscopy and partial lateral meniscectomy in June 2010. The 5/13/14 right knee MRI impression documented degenerative osteoarthritis involving the posterior lateral compartment and severe grade III chondromalacia on both the femoral and tibial sides. There was high suspicion for apical irregularity of the lateral meniscus with a small re-tear at the mid-body/anterior horn junction. There was minor intrameniscal degeneration within the posterior horn of the medial meniscus. There was severe chondromalacia within the patellofemoral joint with grade III changes at the mid to lateral retropatellar facet. There was a large irregular chondral defect within the upper and central trochlear notch measuring 10 mm in width. There was mild soft tissue edema in the superolateral quadrant of Hoffa's fat pad reflecting mechanical impingement from the proximal lateral patellar tendon and ventral femoral lateral condyle. There was no evidence of patellofemoral maltracking. There was small joint effusion and a collapsed Baker's cyst. The 9/18/14 treating physician report cited persistent right knee pain, progressively worsening with intermittent locking. Excruciating pain and locking was reported rising from seated to standing positions. He reported intermittent weakness. Sleep disruption was noted due to right knee pain. He was using an unloader brace that helped mitigate some symptoms. He used a cane and had an antalgic gait. A Synvisc injection was provided on 6/4/14 with benefit but it was not lasting as long as it used to. He was using Flector patches and Voltaren gel. Physical exam documented bilateral knee

range of motion 0-140 degrees with positive patellofemoral compartment crepitation and 4/5 strength. There was tenderness to palpation over lateral compartment, and positive McMurray's and Apley's. The MRI showed severe grade 3 osteoarthritis of the lateral compartment and patellofemoral joint with a large irregular chondral defect within the upper and central trochlear notch. The patient had failed conservative treatment modalities and was a candidate for revision diagnostic and operative arthroscopy to address the large chondral defect and provide some relief. He was delaying a recommended right ankle surgery until the structural cause of his right knee symptoms could be addressed. The 10/1/14 utilization review denied the right knee surgery and associated requests as guidelines indicated that arthroscopy and meniscal surgery may not be as beneficial for older patients exhibiting degenerative changes and arthroscopic surgery is not recommended as a primary treatment for osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Middle aged males with hypertension have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

Pre-operative laboratory works (CBC, CMP, PT/PTT, HEP panel, HIV panel): Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary

for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. Guideline criteria have been met based on patient age, long-term use of non-steroidal anti-inflammatory drugs, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Right knee revision diagnostic/operative arthroscopic meniscectomy versus repair possible debridement and chondroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy

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

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines (ODG) state that meniscectomy is not recommended for osteoarthritis in the absence of meniscal findings, or in older patients with degenerative tears until after a trial of physical therapy/exercise. The ODG 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. This patient presents with mechanical symptoms and clinical exam findings consistent with imaging evidence of a chondral defect and meniscal tear. Records indicate a desire to delay total knee replacement due to patient age and activity level. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Twelve (12) post-operative physical therapy visits: Overturned

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): 24-25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty 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 is medically necessary.