

<b>Case Number:</b>	CM14-0166801		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Indiana. 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:

The injured worker is a 55-year-old female psych technician with a DOI of 10/31/94 at which time she was injured in an altercation with a patient while at work, injuring both wrists, shoulders, neck and back. The worker has had continued significant right knee pain. On 11/15/13, the worker was noted to have a mild right knee effusion with crepitus at the patellar femoral joint, tenderness over the medial joint line, patellar tendon, and posterior joint line. The worker was ambulating with an antalgic gait. On a 9/3/14 medical evaluation by her pain management specialist, the worker stated that she had fallen twice recently, aggravating her back pain and bilateral knee pain. The worker has undergone L4-S1 lumbar fusion in 1997 with redo fusion from L3 - S1 on 2/7/11. She has also undergone left shoulder surgery on 10/26/12. She has also completed a course of land physical therapy and pool therapy. The worker is taking Percocet 5/325 mg for severe pain. She notes increased stamina, stability, and proprioception and is able to walk and stand for longer periods of time. She is able to get down on her knees without severe difficulty and also rise due to improved strength in her lower extremities. The injured worker complains of constant right knee pain, occasionally severe, and stiffness, especially with going up or down stairs, curbs, or inclines. She rates her pain at 7-9/10. The right knee exam reveals medial joint line tenderness, medial parapatellar retinacular tenderness, posterior joint line tenderness, slight effusion and crepitus in the patellofemoral join. McMurray's sign is positive. Range of motion is decreased. An MRI of the right knee was performed without contrast on 7/16/14, which was interpreted as revealing extensive degeneration and tearing of the medial meniscus extending from the posterior horn and the body of the middle third of the meniscus. Marked chondral thinning and arthrosis of the medical femoral tibial compartment and marginal osteophyte formation in the lateral femoral tibial compartment without recent fracture. There is moderate knee effusion and no osteochondral body. The worker complains of

increased right knee pain with the worker having fallen twice due to weakness in her legs. She has difficulty going up and down stairs. As a result of failure of the worker to respond to conservative care and the positive findings on MRI of the right knee, the treating physician is requested authorization for right knee outpatient surgery for arthroscopic partial medial meniscectomy with chondroplasty and debridement, pre-operative medical clearance by an internist, use of a cold therapy rental unit for 10 days, crutches, and post-operative physical therapy twice a week for 8 weeks 2x/week.

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

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

**Right Knee partial medial meniscectomy with chondroplasty debridement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 - 345. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Knee > Specific Diagnoses > Meniscal tears

**Decision rationale:** According to the CA MTUS ACOEM guidelines, 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. According to the ACOEM V.3 Knee Guidelines, Arthroscopic partial meniscectomy for symptomatic, torn menisci is recommended for select patients. Indications - Patients should have attempted non-operative treatment that generally included passage of at least a few weeks, NSAIDs, and activity modulation, and also may have included formal therapy. (2046) Patients with marked mechanical symptoms (e.g., mechanical locking with effusions) are candidates for early operative intervention. Patients trending towards improvement generally warrant longer periods of non-operative management, while patients failing to trend towards improvement over at least 3 to 4 weeks are candidates for earlier surgical treatment. In this worker's case, there is no documentation of structured non-operative treatment for the right knee and there is no specific history of mechanical symptoms including locking, giving way, or recurrent effusions. For these reasons the guidelines have not been met and the requested treatment for a right knee partial medial meniscectomy with chondroplasty debridement is not medically necessary.

**Pre-operative medical clearance by an internist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested arthroscopic knee surgery is not medically necessary, pre-operative medical clearance by an internist is not medically necessary.

**Cold therapy unit rental (days) QTY: 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested arthroscopic knee surgery is not medically necessary, the request for a 10-day rental of a cold therapy unit is not medically necessary.

**Crutches, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested arthroscopic knee surgery is not medically necessary, the request for a pair of crutches is not medically necessary.

**Post-op physical therapy QTY: 16:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested arthroscopic knee surgery is not medically necessary, the request for post-op physical therapy is not medically necessary.