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| <b>Case Number:</b>   | CM14-0185353 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 06/30/2011 |
| <b>Decision Date:</b> | 12/19/2014   | <b>UR Denial Date:</b>       | 10/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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 is a 57 year old male with a 6/30/11 injury date. The mechanism of injury was cumulative trauma. In a 10/1/14 follow-up, the patient complained of right knee pain and clicking, increased pain after prolonged sitting and no lasting relief after a cortisone injection last month. There was no return to work and the patient has been disabled since 2011. Objective findings included ambulating with a slight right stiff-knee gait, good active knee flexion and extension, medial and lateral peripatellar tenderness, decreased right knee medial patellar glide, lateral patellar tracking with active knee extension bilaterally, and positive right patellar compression sign. A 3/12/14 right knee MRI revealed normal joint surfaces, a patella in normal position, a bone island in the anterior aspect of the distal femur, and a small effusion. Diagnostic impression: right knee patellofemoral pain and malalignment, right knee internal derangement. Treatment to date: medications, activity limitation, cortisone injection, physical therapy. A UR decision on 10/13/14 denied the request for right knee arthroscopy with debridement because there was no indication of any lesion requiring debridement. The request for chondroplasty was denied because the efficacy is questionable and there was no demonstrable chondral defect. The request for lateral retinacular release was denied because there was no abnormal patellar tilt on imaging studies. The requests for surgical assistant and post-op physical therapy were denied because the associated surgical procedures were not deemed medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy, chondroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**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 Chapter--Chondroplasty.

**Decision rationale:** The CA MTUS states that chondroplasty may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, the ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. However, there is no indication of a chondral defect on the MRI. Therefore, the request for right knee arthroscopy, chondroplasty, is not medically necessary.

**Right knee arthroscopy, debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Arthroscopic surgery in osteoarthritis.

**Decision rationale:** The CA MTUS does not address this issue. However, the ODG does not recommend arthroscopic lavage and debridement in arthritic knees. Although there is no evidence of osteoarthritis in this case, there is no evidence of lesions in the knee that would require debridement. Therefore, the request for right knee arthroscopy, debridement, is not medically necessary.

**Right knee arthroscopy, lateral retinacular release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Lateral retinacular release.

**Decision rationale:** The CA MTUS does not address this issue. The ODG criteria for lateral retinacular release or patella tendon realignment or maquet procedure include conservative care, clinical findings such as lateral tracking of the patella, recurrent effusion, patellar apprehension, or synovitis with or without crepitus, and imaging findings including abnormal patellar tilt. However, there is no evidence of abnormal patellar tilt on imaging studies. In addition, there is no documentation of previous physical therapy or knee bracing that was directed specifically

towards the treatment of patellar tracking issues. Therefore, the request for right knee arthroscopy, lateral retinacular release, is not medically necessary.

**Surgical assistant:** 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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

**Decision rationale:** The CA MTUS and the ODG do not address this issue. American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics states on the role of the First Assistant: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. However, the associated surgical procedures were medically necessary. Therefore, the request for surgical assistant is not medically necessary.

**Post operative physical therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter-- Physical Medicine treatment.

**Decision rationale:** The CA MTUS does not address this issue. The ODG supports 12 physical therapy sessions over 12 weeks after chondroplasty. However, the associated surgical procedures were not certified. Therefore, the request for post-operative physical therapy is not medically necessary.