

<b>Case Number:</b>	CM14-0086478		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 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 38 year old female with a 5/13/13 injury date. The patient underwent left knee arthroscopy on 8/8/14. A left knee MRI on 7/22/13 showed a 4 mm cyst located immediately dorsal to the posterior tibial root attachment of a mildly degenerative medial meniscus posterior horn, a small focus of soft tissue edema at the superolateral aspect of Hoffa's fat pad characteristic of fat pad impingement from the clinical entity of patellar tendon-lateral femoral condyle friction syndrome, a small free edge degenerative microtear at the inner posterior horn of the lateral meniscus, a non-distended Baker's cyst, and patellofemoral chondromalacia. In a 6/23/14 note, the patient complained of increased left knee pain and has completed a course of physical therapy, activity modification, pain medication, and NSAIDS with no significant long-term relief. Objective findings included positive patellofemoral crepitation and positive grind tests, range of motion from 0 to 125 degrees, medial and lateral joint line tenderness, and positive McMurray's test. The provider rebutted the previous UR denial and explained that cortisone injections are not an option for the patient "as she has received these at this point due to the risk versus benefits on the side effects profile." Diagnostic impression: left knee questionable meniscus tear, patellofemoral chondromalacia. Treatment to date: physical therapy, activity modification, pain medication, NSAIDS, injection. A UR decision on 5/22/14 denied the request for left knee diagnostic/operative meniscectomy vs repair, possible debridement and/or chondroplasty because there was no documentation of prior conservative treatment or subjective complaints other than pain. The requests for physical therapy, pre-op labs, EKG, chest x-ray, antibiotics, and DVT prophylaxis were denied because the associated surgical procedure was deemed not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Diagnostic/Operative Meniscectomy vs. Repair, Possible Debridement and/or Chondroplasty: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg, Indications for Surgery-Meniscectomy

**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--Arthroscopy, diagnostic; Meniscectomy; Chondroplasty.

**Decision rationale:** The CA MTUS does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI. In addition, the ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. The CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, the ODG criteria for meniscectomy include failure of conservative care. Regarding chondroplasty, the CA MTUS states that surgery 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. This patient underwent left knee arthroscopy with partial lateral meniscectomy about 3 months after the previous UR denial. However, a rebuttal letter provided prior to the procedure in June 2014 provided much of the missing clinical information. This patient had many potential pain foci on her MRI, including grade III chondromalacia, a Baker's cyst (which is associated with degenerative knee changes), possible small medial and lateral meniscus tears, and possible fat pad impingement. There were significant objective findings on exam including positive patellofemoral crepitation and positive grind tests, medial and lateral joint line tenderness, and positive McMurray's test. In addition, the patient failed an appropriate trial of conservative care. The requested procedure appears to have been appropriate. Therefore, the request for left knee diagnostic/operative meniscectomy vs. repair, possible debridement and/or chondroplasty is medically necessary.

**Physical Therapy: 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 Meniscectomy

**Decision rationale:** The CA MTUS supports 12 physical therapy sessions over 12 weeks after arthroscopic meniscectomy. Given the certification of the associated procedure, post-op physical therapy is appropriate, with a maximum of 12 sessions over 12 weeks. Therefore, the request for physical therapy is medically necessary.

**Pre-Op Labs; CBC, CMP, PT, PTT, HEP Panel, HIV Panel, Urinalysis:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and Lab testing.

**Decision rationale:** The CA MTUS does not address this issue. The ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Given the certification of the associated procedure, pre-op labs are appropriate. However, there was no information or exceptional factors provided in the documentation that justifies the medical necessity for HEP and HIV panels. Therefore, the request for pre-op labs to include CBC, CMP, PT, PTT, HEP panel, HIV panel, and urinalysis is not medically necessary.

**EKG:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and Lab testing.

**Decision rationale:** The CA MTUS does not address this issue. The ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Given the certification of the associated procedure, a pre-operative EKG is appropriate. Therefore, the request for EKG is medically necessary.

**Chest X-Ray:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and Lab testing.

**Decision rationale:** The CA MTUS does not address this issue. ODG states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Given the certification of the associated procedure, a pre-operative chest x-ray is appropriate. Therefore, the request for chest x-ray is medically necessary.

**DVT Prophylaxis and Antibiotics; Levaquin 750mg Qty 20 for 10 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

**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--Venous thrombosis. Other Medical Treatment Guideline or Medical Evidence: Bert JM, Giannini D, Nace L. Antibiotic prophylaxis for arthroscopy of the knee: is it necessary? Arthroscopy. 2007 Jan;23(1):4-6.

**Decision rationale:** The CA MTUS does not address the issue of DVT prophylaxis. The ODG does not recommend routine DVT prophylaxis for arthroscopic surgery. The CA MTUS and the ODG do not address the issue of perioperative antibiotic prophylaxis. Peer-reviewed literature states that there is no value in administering antibiotics before or after routine arthroscopic surgery to prevent joint sepsis. However, there was no documentation of exceptional factors that would explain the medical necessity for DVT and/or antibiotic prophylaxis in this patient. Therefore, the request for DVT prophylaxis and antibiotics; Levaquin 750mg Qty 20 for 10 days is not medically necessary.