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| <b>Case Number:</b>   | CM14-0149303 |                              |            |
| <b>Date Assigned:</b> | 09/18/2014   | <b>Date of Injury:</b>       | 02/18/2013 |
| <b>Decision Date:</b> | 02/04/2015   | <b>UR Denial Date:</b>       | 09/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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:

The injured worker is a 26 year old female who sustained a work related injury February 18, 2013. Past history included a torn right anterior cruciate ligament and a torn right medial and lateral meniscus. She is s/p right knee arthroscopic assisted cruciate ligament reconstruction, using quadrupled hamstring autograft; partial right knee medial and lateral meniscectomies; and right knee chondroplasty of patella March 27, 2013. An MRI performed July 28, 2014, reveals s/p ACL reconstruction with no evidence of graft tear, a probable post partial meniscectomy at the posterior horn of the medial and lateral menisci and small joint effusion. An initial comprehensive orthopedic examination performed August 11, 2014, finds the injured worker presenting with sharp pain and stiffness to the right knee, with numbness and tingling. There is limited range of motion, popping and clicking and radiating pain both up and down the right leg. The right leg sometimes gives out with difficulty kneeling and squatting, sharp pain and spasms to the low back with radiation down the bilateral legs. On examination there is mild tenderness and swelling over the medial and lateral joint lines. The McMurray and Apley test are positive. There is crepitus present and no laxity of the anterior cruciate ligament. Tenderness right knee 1+ about the medial and posterior aspect, about the superior calf, over the patella and over the patella tendon with 1+ effusion. Knee joint flexion 110 degrees right and 140 degrees left, and extension 0 degrees bilaterally. Muscle strength flexors 4/5 right and 5/5 left, extensors 4/5 right and 5/5 left. Diagnoses are documented as; meniscus tear of the right knee and chondromalacia patellae. Treatment plan included x-rays of the right knee and follow-up appointment in one month. Work status is documented as should be off work. A request for authorization dated August 29, 2014 requests right knee revision notchplasty surgery. According to utilization review performed September 9, 2014, and citing MTUS ACOEM Surgical Considerations and Official Disability Guidelines (ODG), there is no documentation noting the range of motion at the time of

graft placement. There is insufficient information on the conservative treatment of the lack of full extension by the physical therapist or the use of a dynamic knee brace. Therefore, the request for a right knee revision notchplasty is non-certified.

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

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

**Right Knee Revision Notchplasty Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg <http://www.ncbi.nlm.nih.gov/pubmed/23242379>

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

**Decision rationale:** According to the CA MTUS/ACOEM guidelines Chapter 13 (Knee complaints), page 343-344, Referral for surgical consultation may be indicated for patients who have: - Activity limitation for more than one month; and- Failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In this case there is insufficient evidence from the exam note from 8/11/14 of failure of physical therapy or exercise program for the patient's knee pain. Therefore the guideline criteria have not been met and determination is for non-certification.