

<b>Case Number:</b>	CM14-0215896		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 30 year old male who sustained a work related injury on 4/25/2013 while employed as a laborer for a tree service company. He was bending on a tree while cleaning it and felt a sudden pain in his knee. Per the Primary Treating Physician's Progress Report dated 11/05/2014, the injured worker reported sharp, throbbing constant pain in the right knee. The pain is described as 7 out of 10 in intensity. The pain seems to be worsening. He takes Ibuprofen and Aleve. He has completed physical therapy, described as significant but the number of sessions is not provided. He has not completed injections. Objective physical examination revealed a negative straight leg raise and no pain with hip rotation. He has a mild to moderate effusion. He has a mild grind. There is 5 degrees of hyperextension or 135 degrees of flexion. There is anterior lateral joint line tenderness with some mild medial joint line tenderness. McMurry's produces grinding and clicking anterolaterally. He is stable to varus and valgus at zero degrees, and at 30 degrees he opens about 3mm more than the opposite side. He has 1A Lachman with no excessive external rotation and negative posterior drawer. Magnetic resonance imaging (MRI) of the right knee dated 4/30/2014 revealed diffuse degeneration in the lateral meniscus with intra-meniscal cystic change in the anterior horn. There is moderately severe degeneration in the medial meniscus with no visible articular tear. There is no ligament or tendon disruption and no obvious cartilage defect or erosion. Diagnoses included anterior horn lateral meniscus tear. The plan of care included surgical intervention. Work Status is modified. On 11/29/2014, Utilization Review modified a prescription for right knee arthroscopic meniscectomy, possible chondroplasty, debridement, and/or microfracture, possible lateral release, and physical therapy x 16 sessions

(associated services) and non-certified a prescription for an assistant surgeon, based on lack of medical necessity. The ACOEM and Official Disability Guidelines were cited.

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

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

**Right knee arthroscopic meniscectomy, possible chondroplasty, debridement, and/or microfracture, possible lateral release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 344, 345.. Decision based on Non-MTUS Citation Section: Knee, Topic: Chondroplasty, Microfracture

**Decision rationale:** California MTUS guidelines indicate surgical considerations for 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. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscal tear such as symptoms of locking, popping, giving way, and recurrent effusion. And if there are clear signs of a bucket handle tear on examination such as tenderness over the suspected tear but not over the entire joint line and perhaps lack of full passive flexion and consistent findings on MRI. The MRI scan shows degenerative change in the lateral meniscus with a tear in the anterior horn and cystic change. Therefore a partial lateral meniscectomy is medically necessary. There is also degenerative change noted in the posterior horn of the medial meniscus. The guidelines also comment on patellofemoral syndrome with chondromalacia. Although arthroscopic patellar shaving has been performed frequently for patellofemoral syndrome long-term improvement has not been proved and its efficacy is questionable. Lateral arthroscopic release may be indicated in cases of recurrent subluxation of the patella which is not the case here. There is no documentation of patellofemoral malalignment on the x-rays or MRI scan or on clinical examination. Therefore there is no indication for a lateral release. Similarly, there is no documentation of a chondral defect on the MRI scan. Therefore there is no indication for chondroplasty or microfracture. ODG guidelines for chondroplasty include conservative care with medication or physical therapy plus subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus or limited range of motion plus imaging clinical findings of chondral defect on MRI. A chondral defect is not documented and therefore the request for chondroplasty is not supported. For microfracture the chondral defect needs to be in the weight bearing area which is not documented on the MRI. Therefore microfracture is not supported and the request is not medically necessary. Based on the above guidelines the request for a partial meniscectomy is supported but the requests for chondroplasty, microfracture, and lateral release are not supported and as such, the medical necessity of these requests is not substantiated.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.cms.gov/apps/physician-fee-schedule/overview.aspx](http://www.cms.gov/apps/physician-fee-schedule/overview.aspx)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services

**Decision rationale:** With regard to the request for an assistant surgeon, according to the Medicare fee schedule for arthroscopy of the knee, surgical, with meniscectomy, medial or lateral, an assistant surgeon is not necessary for this surgical procedure. Therefore the request for an assistant surgeon is not medically necessary.

**(Associated services) Physical therapy x 16 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 10, 11.

**Decision rationale:** With regard to postoperative physical therapy, the guidelines indicate 12 visits over 12 weeks for meniscectomy. The initial course of therapy is one half of these visits which is 6 visits. With documentation of continuing functional improvement, a subsequent course of therapy may be prescribed consisting of another 6 visits. The physical medicine treatment period is 6 months. The request as stated for 16 physical therapy visits exceeds the guidelines and as such, the medical necessity of this request is not substantiated.