

Case Number:	CM15-0012988		
Date Assigned:	02/02/2015	Date of Injury:	11/14/2014
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: Illinois, California, Texas
 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:

The injured worker is a 47 year old male who sustained a work related injury on November 14, 2014. He had just initiated running on uneven ground when he felt a 'pop' in the right knee, and lost his balance with immediate pain and swelling. Past surgical history was positive for medial meniscus tear and anterior cruciate ligament injury in the same knee with remote surgeries. The 11/26/14 right knee magnetic resonance imaging (MRI) revealed a strain of the anterior cruciate ligament and a multiloculated intercondylar cyst just anterior to the anterior cruciate ligament. This could be a ganglion arising from the anterior cruciate ligament or a parameniscal cyst associated with the root of the anterior horn of the lateral meniscus. Treatment included ice, anti-inflammatory medications, physical therapy exercise, and activity modification. There was continued functional limitations that precluded return to full duty work. The 12/29/14 treating physician report indicated that the patient had continued deep anterior knee pain and swelling with walking or activities. There was no complaint of instability. Right knee exam documented small effusion, tenderness in relaxed extension with deep palpation of the infrapatellar fat pad, and pain in the same area with full extension. Lachman's was solid. The injured had failed to respond to conservative treatment. The treatment plan recommended arthroscopic evaluation with removal of the ganglion cyst and possible removal or repair of the lateral meniscus. On January 13, 2015, a request for a service of Arthroscopic surgery with removal of a cyst and possible meniscectomy of the right knee; Physician Assistant for surgical assistant and postoperative cold treatment unit was non-certified by Utilization Review based on no

documentation of failed conservative treatment, noting the American College of Occupational and Environmental Medicine guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery with removal of cyst and possible meniscectomy of right knee:

Overtured

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Knee and Leg: Diagnostic arthroscopy

Decision rationale: The California MTUS state that surgical consideration 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. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This patient presents with persistent function-limiting right knee pain with associated swelling that has precluded his ability to work. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The imaging evidence is inconclusive. The treating physician has opined that the cyst may be causing impingement. Therefore, this request for arthroscopic surgery with removal of cyst and possible meniscectomy of the right knee is medically necessary.

Associated Surgical Service Physician assistant for surgical assistant: Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services Physician Fee Schedule Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is

usually necessary. For this requested surgery, CPT code 29876, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this associated surgical service request for physician assistant for surgical assistant is medically necessary.

Associated Surgical Service- postoperative cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: continuous flow cryotherapy

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery. Postoperative use generally may be up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this associated surgical service request for post-operative cold therapy unit is not medically necessary.