

Case Number:	CM15-0110451		
Date Assigned:	06/17/2015	Date of Injury:	02/26/2003
Decision Date:	08/19/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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:

This injured worker is a 59-year-old male who sustained an industrial injury on 2/26/03. Injury occurred when he twisted his knee during arrest and control training. Past surgical history was positive for right knee arthroscopy with partial synovectomy and chondroplasty of the patella and medial tibial plateau on 2/23/05, right knee arthroscopy with partial medial and lateral meniscectomies on 9/7/06, and right knee diagnostic arthroscopy with partial lateral meniscectomy, and chondroplasty of the patella on 10/12/10. Conservative treatment included physical therapy, anti-inflammatory medications, corticosteroid injections and lubricant injections without sustained improvement. The 4/29/15 right knee MRI impression documented conglomerate fibrosis in the area of the anterior intercondylar notch in the midline, including extensive scarring in the posterior aspect of Hoffa's fat, and a 2x6 mm density in the same region suggesting a small possible orthopedic screw tip. The anterior cruciate ligament was intact. There was bone edema along the tibial and femoral tunnels suggestive of partial retraction of the tibial interference screw. There was no change in the lateral meniscus with complete absence of the anterior horn and moderate extrusion of the body of the lateral meniscus partially outside the joint line. There was a 12 mm in diameter area of articular cartilage loss with underlying reactive edema involving the central lateral tibial plateau, and stable moderate chondromalacia patella medially. The 5/6/15 treating physician report cited right knee pain with worsening mechanical symptoms and night pain. Pain was aggravated with walking, and activity was limited by pain. Medications included Tylenol #3 and ibuprofen. Physical exam documented medial and lateral joint line tenderness, moderate effusion, mild quadriceps muscle atrophy, range of motion 4-110 degrees, and moderate crepitus with motion. The diagnosis was right

knee posttraumatic degenerative joint disease and possible meniscus tear. He was not a candidate for knee replacement at this time. Authorization was requested for right knee arthroscopy, chondroplasty, partial meniscectomy and synovectomy, Cyro-cuff unit, post-op physical therapy for 12 sessions, and Norco 10/325 mg #120. The 5/14/15 utilization review non-certified the right knee arthroscopy, chondroplasty, partial meniscectomy and synovectomy and associated surgical requests as there was insufficient documentation of failed conservative treatment. The 6/23/15 injured worker appeal letter cited the MRI findings of possible hardware changes and stated that arthroscopy was needed to assess whether his symptoms of pain, snapping, popping and instability were relevant to these imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, chondroplasty, partial meniscectomy and synovectomy:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

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 and Leg: Chondroplasty; Meniscectomy.

Decision rationale: The California MTUS guidelines 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. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines (ODG) criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. The ODG criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Guideline criteria have been met. This injured worker presents with persistent right knee pain and worsening symptoms of snapping, popping and instability. Clinical exam findings are consistent with imaging evidence of lateral meniscus pathology, possible hardware loosening, and chondromalacia. Reasonable conservative treatment, including medications, injections, and activity alteration, has been tried and has failed to provide sustained improvement. Therefore, this request is medically necessary.

Cyro-cuff 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Cold compression therapy; Game Ready accelerated recovery system.

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines generally recommend continuous flow cryotherapy for up to 7 days as an option for patients undergoing knee arthroscopy. Guidelines state that there are no published high quality studies on the Game Ready device or any other combined cold and compression system to support the increased efficacy over cryotherapy alone. There is no compelling reason to support the medical necessity of this request for a non-complex knee procedure in the absence of guideline support for combined cold and compression units and for a duration beyond guideline-recommended cryotherapy. Therefore, this request is not medically necessary.

Post-operative physical therapy, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6- month post-surgical treatment period. An initial course of therapy would be supported for one- half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Norco 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for knee pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. Therefore, this request is medically necessary.