

<b>Case Number:</b>	CM15-0124576		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Montana, Oregon, Idaho  
 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 71 year old male who sustained an industrial injury on 05/10/2002 from cumulative trauma resulting in pain to the neck, both shoulders, low back and knees. Treatment provided to date has included: right shoulder surgery (2005); physical therapy for the right shoulder; chiropractic treatments; cervical and lumbar epidural steroid injections; cervical medial branch blocks bilaterally (2013); bilateral cortisone injections to the knees providing temporary relief; medications; and conservative therapies/care. Diagnostic tests performed include: MRIs of bilateral shoulders (2004); electrodiagnostic and nerve conduction testing (2003); MRI of the lumbar spine (2012) showing multilevel degenerative disc disease; x-rays of the bilateral knees (2014) showing medial joint space narrowing and osteoarthritis; MRI of the right knee (2014) showing high grade loss of articular cartilage in the medial compartment with subchondral cyst and stress edema, chondral fissuring in the patellofemoral and lateral compartments suggestive of degenerative osteoarthritis, bucket-handle medial meniscus tear, and large effusion; and MRI of the left knee (2014) showing a medial meniscus tear, possible lateral meniscus tear, chondroplasty of the patella with subchondral cyst formation, and subchondral edema and cyst formation in the medial tibial plateau. Comorbidities included heart disease and depression. There were no other dates of injury noted. On 05/11/2015, physician progress report noted complaints of bilateral knee pain. The pain was rated 9/10 in severity on the right and 6/10 on the left. In addition to the pain, the injured worker reported popping, weakness and swelling in the right knee, and weakness and swelling in the left knee. Current medications include over the counter Advil. The physical exam revealed varus (inward angulation deformity) alignment of the lower extremities with the right worse than the left,

small effusion to the right knee, slightly decreased quadriceps strength in the right knee, 0-120° range of motion (ROM) in the right knee, no patellofemoral or medial joint line tenderness in the right knee, and a negative McMurray sign in the right knee. The left knee showed a small effusion, slightly decreased quadriceps strength, 0-125° ROM, no patellofemoral tenderness, a positive McMurray's sign and tenderness to the medial joint line. The provider noted diagnoses of right knee medial compartment osteoarthritis with varus, mild left knee medial compartment osteoarthritis with varus, and a right medial meniscus tear. Plan of care includes a left knee arthroscopic meniscectomy and chondroplasty to improve left knee prior to undergoing a right knee replacement surgery, which would better allow for successful rehabilitation of the right knee replacement. The procedure, risk and benefits were explained to the injured worker and the injured worker agreed with the surgical plans. Further instructions included continued activity restrictions, refrain from non-steroidal anti-inflammatory drugs pre-operatively, and continued home exercises and use of ice. The injured worker's work status is permanently stationary as well as retired. The request for authorization and IMR (independent medical review) includes: a right knee meniscectomy and chondroplasty, one pre-operative complete blood count (CBC) and comprehensive metabolic panel (CMP), 12 sessions of post-operative physical therapy, and Norco 7.5/325mg #100.

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

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

#### **1 Right knee meniscectomy, chondroplasty: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI of the right knee from 9/5/14 demonstrates osteoarthritis of the knee with evidence of a bucket handle medial meniscus tear. The ACOEM guidelines state that, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Chondroplasty is not recommended as primary treatment for osteoarthritis. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." In this case, the clinical note from 5/11/15 does not document any true symptoms of symptomatic meniscal tear, but are more consistent with significant osteoarthritis. Imaging studies including x-rays and MRI are consistent with advanced osteoarthritis. There is no documentation supporting failure of conservative care. Therefore, the request for right knee meniscectomy and chondroplasty is not medically necessary.

## **1 Pre op CBC/CMP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

**Decision rationale:** CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.  
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> states that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 71 with years old with a history of heart disease. In this case, medical clearance would be warranted, however, as the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

## **12 Post operative physical therapy visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS/Post surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12 week period for postoperative patients after meniscectomy. This is performed over a 4-month period. However, in this case, the requested surgical procedure is not medically necessary, therefore none of the associated services are medically necessary and appropriate.

## **Norco 7.5/325mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. While the use of opioids is beneficial in the acute postoperative period, in this case, the requested surgical procedure is not medically necessary; therefore none of the associated services are medically necessary and appropriate.