

<b>Case Number:</b>	CM15-0177654		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: California

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 female, who sustained an industrial injury on 01-03-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for depression, left knee osteoarthritis, and left knee pain. Medical records ( to 08-05-2015) indicate worsening left knee pain with swelling, locking and catching, weakness, instability, and limited range of motion (ROM). The IW's activity levels were not discussed and no pain severity ratings were provided. Per the treating physician's progress report (PR), the IW has returned to work at a new job without restrictions. The PRs, dated 07-20-2015 and 08-05-2014, revealed no objective physical findings, and no changes in subjective complaints as both report worsening symptoms without qualitative findings. A PR, dated 06-26-2015, showed no abnormalities upon physical exam of the left knee. Relevant treatments have included pain medications and previous work restrictions. The treating physician indicates that x-rays of the left knee (2014) showed "bilateral P-A with 30° of flexion, bilateral merchant and lateral views show mild patellofemoral osteoarthritis"; and a MRI of the left knee (02-2015) showed patella alta with grade III anterior compartment chondromalacia and marrow edema in the lateral patellar facet and femoral trochlea, and diffuse mild patellar tendinopathy. The request for authorization (08-17-2015) shows that the following services were requested: left knee arthroscopy; pre-operative laboratory testing including CBC (complete blood count) and electrolytes; 12 sessions of post-operative PT for the left knee, and a post-operative cold therapy unit rental for 10 days. The original utilization review (08-14-2015) denied the request for a left knee arthroscopy based on the lack of clinical symptoms and inconclusive diagnostic testing to support surgical exploration, and the

lack of recommendation as treatment for osteoarthritis. The original utilization review (08-14-2015) also denied the request for pre-operative laboratory testing based on the absence of any noted comorbidities; and denied the post-operative PT and cold therapy unit rental based on the denial of the surgical procedure.

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

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

#### **Left knee arthroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery-Diagnostic arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Arthroscopic surgery for osteoarthritis.

**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 from February 2015 demonstrates osteoarthritis of the knee without clear evidence of 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." 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 MRI from February 2015 demonstrates significant osteoarthritis. It is unclear from the exam note of 6/26/15 of objective evidence supporting the need for arthroscopy in the setting of an osteoarthritic knee. Therefore determination is for non- certification and therefore is not medically necessary.

#### **Pre op Labs: CBC (complete blood count): 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) Chapter: Low Back Pre-operative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** As the requested since the primary procedure of surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Pre op Labs: Electrolytes:** 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) Chapter: Low Back Pre-operative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

**Decision rationale:** As the requested since the primary procedure of surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op physical therapy 2x a week for 6 weeks for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post op Cold therapy unit rental for 10 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg Continuous-flow cryotherapy.

**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, continuous flow cryotherapy.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.