

Case Number:	CM15-0067042		
Date Assigned:	04/14/2015	Date of Injury:	11/07/2014
Decision Date:	06/25/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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:

The injured worker is a 60-year-old female who sustained an industrial injury on 11/7/14. Injury occurred when she tripped on an uneven surface and fell, striking her knees on pavement. Past surgical history was positive for left knee meniscectomy in 2006 and right knee meniscectomy in 2009. Initial conservative treatment included physical therapy and a corticosteroid injection with temporary relief. The 1/7/15 right knee MRI impression documented the lateral meniscus was diffusely abnormal in signal and morphology, likely post-operative changes. There was osteoarthritis with probable small lateral femoral condyle osteochondral lesion and loose bodies. There was a cluster of small loose bodies seen both at the posterior and anterior knee joint. There was small joint effusion with synovial hypertrophy. The 1/27/15 initial orthopedic report documented right knee pain with intermittent swelling and grinding when weight bearing or bending. Catching pain was reported about the retropatellar area. Functional difficulty was noted with going down stairs, getting in and out of a car, and prolonged standing. Sleep was disturbed. She was unable to perform a full squat secondary to anterior knee pain. Knee exam documented tenderness over the medial femoral condyle and medial joint line, There was no effusion, hyperemia, or erythema. Range of motion was 0-130 bilaterally with increased pain in flexion. The diagnosis was aggravation of right knee degenerative arthritis. The treatment plan recommended continued physical therapy, home exercise, and anti-inflammatory medication. Work restrictions limited standing and walking to 4 hours per day, with no kneeling or squatting with the right knee. The 2/27/15 physical therapy daily note indicated the injured worker had completed 17 visits. She reported grade 3-4/10 right knee pain intermittent with weight bearing activity. She reported the knee catches when doing any twisting/pivoting motions and was much improved getting in and out of a car or going down stairs. The knee pain was overall mildly

improved following injection on 2/24/15, but lateral and twisting motions were still sore. Right knee exam documented range of motion within normal limits with 5/5 strength. Symptoms were aggravated McMurray's test. Lateral knee popping was noted with leg press and transitional work in therapy. Functional limitations were noted in walking tolerance and tolerance that were not consistent with full duty work as a flight attendant. The 3/18/15 treating physician report cited right knee pain. Right knee exam documented tenderness with small effusion, full range of motion, and patellofemoral crepitus. There was no click or joint line tenderness, McMurray's was negative, and there was no instability. Weakness was noted secondary to pain. The diagnosis was acute right lateral meniscus tear and loose body in the knee. The treatment plan included right knee loose body removal, partial lateral meniscectomy, debridement, and synovectomy, Polar Care unit, right knee large joint injection, and post-operative physical therapy. The 3/26/15 utilization review non-certified the request for right knee loose body removal, partial lateral meniscectomy, debridement, and synovectomy as there was no documentation of failed conservative treatment, signs/symptoms of a loose body, or MRI evidence of a meniscal tear. The request for a right knee large joint injection was non-certified as there was no evidence of bony enlargement of tenderness, ESR less than 40, or less than 30 minutes of morning stiffness consistent with guideline criteria. The associated requests for a Polar Care unit and post-op physical therapy were non-certified as the associated surgery was not found medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Loose Body Removal, Partial Lateral Meniscectomy, Debridement, and Synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg 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: Meniscectomy, Loose body removal surgery (arthroscopy).

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 recommend loose body removal surgery where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. Guideline criteria have been met. This injured worker presents with persistent right knee pain, with intermittent swelling, catching

and popping. Functional limitations preclude return to full duty work. Clinical exam findings are consistent with imaging evidence of loose bodies, osteochondral lesion, and meniscal pathology. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

5 Day Rental, Polar Care Unit: Overturned

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

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: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. This request for 5-day rental of a cold therapy unit is consistent with guidelines. Therefore, this request is medically necessary.

Right Knee Large Joint Injection for pain control: Overturned

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

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: Corticosteroid injections.

Decision rationale: The California MTUS guidelines indicate that repeat corticosteroid injections for the knee are optional. The Official Disability Guidelines state that a repeat corticosteroid injection may be an option if there is several weeks of temporary, partial resolution of symptoms, and then worsening pain and function. Injections are generally performed without fluoroscopic or ultrasound guidance. Guideline criteria have been essentially met. The injured worker had a positive response to the initial corticosteroid injection. The use of an injection for pain control with the associated surgery is reasonable to allow for pain control and early functional mobility. Therefore, this request is medically necessary.

12 Post Operative Physical Therapy 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 loose body removal surgery 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 or 6 visits. 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.