

<b>Case Number:</b>	CM15-0073385		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Minnesota, Florida  
 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 51-year-old male who injured his left knee by stepping into a hole on December 1, 2011. He underwent physical therapy in November 2012 which aggravated his symptoms. An MRI scan of the left knee was performed which revealed a radial tear of the medial meniscus. Examination also revealed chondromalacia of patella and the medial compartment of the left knee. The examining physician recommended a left partial meniscectomy, chondroplasty and synovectomy on January 24, 2013. The documentation also indicates a history of 8 prior surgical procedures on the right knee in the past. Additional notes are dated 8/6/2014. He was status post left partial knee replacement. He had less pain and swelling. On 8/20/2014 the range of motion was 3/150 degrees. McMurray was negative. The diagnosis was left knee internal derangement, chondromalacia of patella, radial tear involving the inner free edge of the posterior horn of medial meniscus and status post unicondylar replacement and lateral release on 5/14/2014. Additional 12 sessions of physical therapy were requested. On 9/11/2014 there was significant improvement but still slight range of motion deficits and weakness was noted. On examination there was a 15 degrees deficit of flexion and weakness of the quadriceps and tensor fascia lata. The injured worker was placed on Medrol Dosepak. On September 26, 2014 he was complaining of aching burning stabbing tingling sharp pain with swelling and numbness of the left knee. On 10/8/2014 the injured worker continued to complain of pain in the left knee which was 4-6 without the use of medications and 2-4 with the use of medications. On examination range of motion was 3/150 degrees. McMurray was negative. There was no instability. The recommendation was to continue with postoperative physical

therapy. On 12/12/2014 the diagnosis was "status post arthroscopic surgery of the knee, reactive synovitis, patellar malalignment and possible internal derangement." The left knee unicompartmental arthroplasty was injected with Depo-Medrol and Xylocaine. X-rays of the knees on that day revealed bilateral unicompartmental arthroplasties with no evidence of loosening and standard alignment. An MRI scan of the left knee was performed on 12/16/2014. This revealed that the lateral meniscus was intact. Chondromalacia of the patellofemoral joint and lateral compartment was noted. The unicompartmental arthroplasty was noted. Additional notes from 3/11/2015 indicate pain levels of 8/10 in the left knee. With the use of medication the pain level was 2/10. The diagnosis was left knee internal derangement, chondromalacia of left patella, radial tear involving the inner free edge of the posterior horn of the medial meniscus, status post left unicompartmental replacement and lateral release, C5-C6 mild central canal stenosis, and status post left knee surgery, 7/2/2013. Authorization was requested for a second opinion with a knee specialist to make comment on revision left knee surgery. A subsequent request for a total knee arthroplasty was noncertified by utilization review on 4/13/2015 as there was no documentation of impairment, no documentation of walking aids, no documentation of body weight or BMI, no documentation of night pain and there was normal range of motion present. As such, the ODG criteria for a total knee arthroplasty had not been met. And there was also contradictory information in that a torn medial meniscus was diagnosed in the presence of status post unicompartmental knee arthroplasty. A positive McMurray was diagnosed even though the medial meniscus was absent and there was a unicompartmental arthroplasty present. The request for a release/decompression of peroneal nerve at the fibular head was noncertified as there was no clinical information with regard to focal motor weakness or discrete neurological loss. ODG guidelines were cited. Associated surgical request for physical therapy was also non-certified. These have now been appealed to an independent medical review.

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

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

#### **Revision of Knee to Total Knee Arthroplasty-Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter, Knee arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Knee chapter, Knee Joint Replacement.

**Decision rationale:** ODG guidelines for a total knee arthroplasty include 2 of the 3 compartments are affected. In this case the medial compartment has been replaced with a unicompartmental arthroplasty on 5/14/2014. Although the MRI scan has revealed chondromalacia of the lateral compartment and patellofemoral joint, x-rays of the knee on 12/12/2014 were reported to show the unicompartmental arthroplasty in good alignment with no evidence of loosening and there was no osteoarthritis of the lateral compartment or patellofemoral joint documented. In particular, there was no joint space narrowing or osteophytosis noted. The guidelines also necessitate conservative care with exercise therapy

such as supervised physical therapy and/or home rehabilitation exercises and NSAIDs. The comprehensive non-operative rehabilitation program has not been documented. The guidelines also require subjective clinical findings of limited range of motion less than 90 degrees for a total knee replacement. The injured worker has full range of motion of the knee documented. The guidelines requirements of current functional limitations demonstrating necessity of intervention have not been documented. Objective clinical findings of body mass index less than 40 cannot be determined as the height and weight are not documented. As such, the request for a total knee arthroplasty is not supported by guidelines and the medical necessity of the request has not been substantiated.

**Release Compression of Peroneal Nerve at Fibular Head-Left: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Release Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Ankle and Foot, Surgery for Peroneal Nerve.

**Decision rationale:** With regard to the request for peroneal nerve exploration and decompression, although the electrodiagnostic study shows slowing at the knee, the clinical picture is not clear. Documentation indicates weakness of the quadriceps and tensor fascia lata but does not document sensory and motor deficit consistent with damage to the peroneal nerve. A foot drop is not documented. ODG guidelines indicate conservative measures for 3 months including an ankle splint if there is a foot drop. Steroid injections near the peroneal nerve at the fibular head help some patients. When symptoms persist despite conservative treatment for 3 months, then surgery is an option. The documentation provided does not indicate conservative care. As such, the request for release, compression of peroneal nerve at fibular head, left, is not supported and the medical necessity of the request has not been substantiated.

**Post-Op Physical Therapy-Left Knee (12 visits): Upheld**

**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, Knee Joint Replacement.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, the associated request for post-operative physical therapy is also not medically necessary.