

Case Number:	CM15-0078302		
Date Assigned:	04/29/2015	Date of Injury:	08/30/2007
Decision Date:	06/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 51-year-old female who sustained an industrial injury on 8/30/07, relative to a trip and fall. The 10/14/13 right knee ultrasound study demonstrated a severe complex medial meniscus tear with extrusion, severe medial compartment osteoarthritis, grade III chondromalacia patella, and moderate synovial joint effusion with chronic synovitis at the suprapatellar bursa and superior synovial plica. Conservative treatment had included corticosteroid injections, physical therapy, medications, and activity modification. The 3/7/15 right knee MRI impression documented a complex tear of the body and posterior horn of the medial meniscus with severe peripheral extrusion. There was high-grade medial compartment osteoarthritis and moderate patellofemoral compartment osteoarthritis. The 3/9/15 treating physician report cited grade 8/10 right knee pain with swelling, popping and giving way. Right knee exam documented medial joint line tenderness, range of motion 0-120 degrees, normal strength, and positive McMurray's. Imaging showed a complex medial meniscus tear with extrusion. The treatment plan consisted of arthroscopic right partial medial meniscectomy and possible plica resection, post-operative rehabilitative therapy, continuous passive motion, post-operative crutches, knee brace, Surgi-Stim unit and cool care cold therapy unit. The 4/16/15 utilization review certified the request for right knee arthroscopy partial medial meniscectomy but non-certified the request for possible plica resection as there was no evidence for the presence of a pathological plica. The request for continuous passive motion was denied, as partial meniscectomy usually does not result in restricted motion. The request for knee brace was

non-certified, as the procedure would not result in loss of stability. The request for Surgi-Stim unit was non-certified as there was no rationale provided for the necessity of such a unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible plica resection for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Schindler OS, 'The Sneaky Plica' revisited: morphology, pathophysiology and treatment of synovial plicae of the knee. Knee Surg Sports Traumatol Arthrosc. 2014 Feb; 22(2):247-62.

Decision rationale: Neither the California MTUS nor ODG provide recommendations for excision of plica. Peer-reviewed literature indicates that symptomatic plica may initially be treated with physiotherapeutic measures and structured exercise regimes but success rates are generally low. Intra-plical or intra-articular corticosteroid injections may be beneficial if administered early in the disease process. Arthroscopic excision of the entire plica fold becomes indicated in recalcitrant cases and once a plica has undergone irrevocable morphological changes. Guideline criteria have been met. This injured worker presents with significant and function-limiting right knee pain and swelling, popping and giving way. There is current MRI evidence of a complex medial meniscus tear with extrusion and prior ultrasound evidence for synovial plica. Sign/symptoms are consistent with plausible plica. There is evidence that the injured worker had failed structured physical therapy and corticosteroid injections. Therefore, this request is medically necessary.

CPM device (unspecified time frame): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommended the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. Pre-operatively, range of motion was mildly limited. There is no compelling reason to support the medical necessity of CPM for this injured worker. Therefore, this request is not medically necessary.

Knee brace (unspecified time frame): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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 Knee & Leg, Knee braces.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This injured worker is undergoing repair of a complex medial meniscus tear and has pre-operative findings of instability. The use of a knee brace would be reasonable in this case. Therefore, this request is medically necessary.

Surti-stim unit (unspecified time frame): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The SurgiStim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES in the treatment of chronic pain. Galvanic stimulation is considered investigational for all indications. Guidelines suggest that interferential current is not recommended as an isolated intervention. Patient selection criteria is provided if interferential stimulation is to be used despite lack of guideline support and includes ineffective pain control due to diminished effectiveness of medications, intolerance of medications, history of substance abuse, post-operative pain limiting functional ability, and failure to respond to conservative measures. Guideline criteria have not been met. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Therefore, this request is not medically necessary.