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| <b>Case Number:</b>   | CM15-0098303 |                              |            |
| <b>Date Assigned:</b> | 06/23/2015   | <b>Date of Injury:</b>       | 01/16/2015 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 05/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2015 |

### 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:

This injured worker is a 48-year-old female who sustained an industrial injury on 1/16/15. Injury occurred when she was pushing back on a stool with her legs to get up and heard a pop in her right knee. She experienced an onset of pain and functional difficulty. Initial treatment included knee support, anti-inflammatory medications, work modification, and physical therapy. The 2/12/15 treating physician report cited worsening right knee pain with clicking. Physical therapy was not helping. Physical exam documented medial knee tenderness, painful valgus stress, and positive McMurray's. MRI was ordered. The 2/18/15 right knee MRI impression documented findings consistent with probable previous medial meniscectomy. There was a complex tear of the remnant portion of the posterior horn and periphery of the body of the meniscus. There was a 10 mm and separate 4 mm conglomeration of parameniscal cysts abutting the far periphery of the posterior horn and body of the medial meniscus. There as a 10 mm near full thickness defect of the trochlear cartilage at the junction of the central and medial trochlea, and chondromalacia of the medial and lateral compartments. The 4/28/15 orthopedic report cited persistent severe pain in her knee and difficulty with activities of daily living, climbing, bending, and squatting. Right knee exam documented medial joint line, positive McMurray's, and range of motion 0-115 degrees. Imaging showed a complex medial meniscus tear. The injured worker had failed conservative treatment which included physical therapy, activity restriction, and anti-inflammatory medication. She has developed a re-tear of the meniscus and has received physical therapy with no improvement in symptomology. Authorization was requested for right knee arthroscopy with partial meniscectomy, and associated surgical services including 12 sessions of

post-operative physical therapy, cold therapy unit (rental) x 12, and crutches. The 5/6/15 utilization review non-certified the right knee arthroscopy with partial meniscectomy and associated surgical services as there was no documentation of mechanical symptoms or official MRI evidence of a meniscal tear. The 5/9/15 utilization review appeal letter stated that this injured worker had undergone a right knee arthroscopic and had been asymptomatic for almost 20 years. The current injury caused a recurrent meniscal tear with severe knee pain. She had failed conservative management including activity restriction, physical therapy, and anti-inflammatory medications. Right knee x-rays on 1/23/15 showed mild degenerative joint disease. The 2/18/15 right knee MRI findings were reviewed. The injured worker presented with continued and persistent right knee pain, and difficulty in activities of daily living, climbing, bending, and squatting. Physical exam evidenced medial joint line tenderness, limited range of motion, and positive McMurray's. Criteria have been met and the denial of right knee arthroscopy with partial meniscectomy and associated surgical requests was appealed.

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

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

#### **Right knee arthroscopy with partial meniscectomy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

**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.

**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 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. Guideline criteria have not been met. This injured worker presents with persistent function-limiting right knee pain with history of clicking. Clinical exam findings are consistent with imaging evidence of a complex medial meniscus tear. 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.

#### **Post-operative physical therapy x 12 sessions: Overturned**

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

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for chondroplasty 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.

**Associated surgical service: cold therapy unit (rental) x 12:** 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 & Leg.

**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. Guidelines state that the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Guideline criteria have not been met. This request for 12 day use of a cold therapy unit exceeds guideline recommendations. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.

**Associated surgical service: crutches:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.