

Case Number:	CM15-0099511		
Date Assigned:	06/02/2015	Date of Injury:	05/09/2013
Decision Date:	07/07/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/22/2015

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 47-year-old male who sustained an industrial injury on 4/9/13. Injury occurred when he fell into a hole through a platform, and hit his knees against a pipe. Past medical history was positive for gastric bypass surgery, chronic opioid dependence, and depression. Past surgical history was positive for right knee arthroscopic surgery in October 2013. Conservative treatment had included physical therapy, activity modification, corticosteroid injection and Orthovisc injections, and medications. The 10/2/14 bilateral knee x-ray impression documented normal right and left knees. Sunrise views were added and there was a slight lateral tilt to the right patella, with normal alignment on the left. The 4/21/14 right knee MR arthrogram impression documented grade 1 signal in the posterior horn of the medial meniscus consistent with hyaline degeneration, with no frank tear. There was moderate thinning and chondral fissuring of the medial femoral condyle articular cartilage, and mild thinning of the trochlear articular cartilage. The 12/6/14 left knee MRI documented slight interval progression of myxoid degeneration in the posterior horn of the medial meniscus with no meniscal tear. There was mild medial compartment degenerative arthritis as evidenced by medial compartment narrowing and chondral degeneration but no full thickness chondral fissure. The 3/5/15 treating physician report cited pain, popping, and catching in both knees. The injured worker reported an injection in the left knee helped him for two to three days. Benefit from medication was reported unreliable. Physical exam documented diffuse tenderness, more medially on the left. His right knee had a small scratch and surrounding redness about the anterolateral aspect of the right knee. The diagnosis included history of bilateral knee sprains, right greater than 3 knee pain, posttraumatic arthritis of the patellofemoral joint (right greater than left), and left knee osteoarthritis. Right knee arthroscopy was requested for partial meniscectomy, chondroplasty, and debridement but also to arthroscopically examine the knee to see if he would be a candidate for partial knee replacement as most of his arthritis is in the patellofemoral compartment. Left

knee arthroscopy was requested as he localized his pain more on the medial side, had some arthritic changes on his MRI and weight bearing x-rays, and likely had degenerative tearing of his meniscus. Authorization was requested for bilateral knee arthroscopy with partial meniscectomy, chondroplasty, and debridement to be performed 6 weeks apart, pre-op clearance exam with internist, post-op physical therapy 24 sessions, 14-day rental of a continuous passive motion (CPM) machine, and cold therapy recovery system. The 4/2/15 treating physician report cited significant bilateral knee pain. He reported symptoms were worsening and the right knee gave out on him two weeks ago. Physical exam documented bilateral knee tenderness to palpation, more medially on the left. The treating physician stated the injured worker had exhausted a considerable amount of conservative measures including extensive pain management, prescription medications, physical therapy, and a full series of corticosteroid injection. He had failed all these forms of conservative treatment. Bilateral knee arthroscopies were recommended, beginning with the right first. The 4/17/15 utilization review modified the request for bilateral knee arthroscopy with partial meniscectomy, chondroplasty, and debridement to be performed 6 weeks apart to a right knee arthroscopy with partial meniscectomy, chondroplasty, and debridement. There was no imaging evidence to support the medical necessity of left knee surgery. The request for 24 post-op physical therapy sessions was modified to 12 sessions. The request for a cold therapy recovery system was modified to a 7-day rental. The request for 14-day rental of a continuous passive motion (CPM) machine was non-certified as guidelines do not support use following arthroscopic meniscectomy and debridement and there was no extenuating circumstances that would warrant exception to guidelines. The request for pre-operative clearance exam with an internist was non-certified as the injured worker was only 47 years old and there was no evidence of comorbid illnesses that would require pre-operative clearance with an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Arthroscopy with Partial Meniscectomy, Chondroplasty and Debridement to be Performed Approx 6 Weeks Apart: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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; Chondroplasty; 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 (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 criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or

limited range of motion, plus a chondral defect on MRI. This injured worker presents with bilateral knee pain, right worse than left. There was popping and catching reported in both knees, with giving out reported in the right knee. Clinical exam findings did not evidence meniscal pathology. The left knee MRI documented myxoid degeneration but no meniscal tear and some chondromalacia but no focal defect. The 4/17/15 utilization review modified this request and certified the request for right knee arthroscopy as there was inconclusive imaging but had failed conservative treatment and had subjective and objective findings suggestive of internal derangement of the right knee. There is no clear imaging or physical exam findings to support surgical treatment of the left knee at this time. Therefore, this request is not medically necessary.

Pre-Op Clearance Exam with Internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.guideline.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, past medical history, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post-Op Physical Therapy 24 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy and 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 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. The 4/17/15 utilization review modified this request for 24 post-op physical therapy visits to 12 visits for the right knee consistent with the general course of treatment. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.

Associated Surgical Service: 14 Day Rental of CPM Machine: 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), Knee and

Leg: CPM.

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, the patient was reported with full range of motion. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request for CPM (continuous passive motion) is not medically necessary.

Associated Surgical Service: Cold Therapy Recovery System: 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), CPM.

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. The 4/17/15 utilization review decision recommended partial certification of a cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request is not medically necessary.