

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	10/26/2011
IMR Application Received:	8/30/2013
MAXIMUS Case Number:	CM13-0018670

- 1) MAXIMUS Federal Services, Inc. has determined the request for **diagnostic arthroscopy of the right knee is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/30/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **diagnostic arthroscopy of the right knee is medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Connecticut, North Carolina, Pennsylvania. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The claimant is a 45-year-old gentleman who injured his right knee in a work-related accident on October 28, 2011 when he slipped and twisted the knee, resulting in immediate onset of pain complaints.

Recent records included a May 13, 2013 progress report, indicating current complaints of pain in the neck and knee. The claimant was documented to have increased complaints of pain with kneeling or squatting. Physical examination showed the right knee with no instability, no previous scarring, positive tenderness over the medial joint line, and 0 to 135 degrees range of motion. The working assessment was right knee medial and lateral meniscal tearing. Radiographs reviewed on that date showed adequate 5 millimeter joint space, both medially and laterally with normal patellofemoral articulation. An MRI report of the right knee from May 6, 2013 showed longitudinal horizontal tear to the posterior horn of the medial and body of the medial meniscus. Longitudinal tearing horizontally to the anterior horn of the lateral meniscus. There was noted to be tricompartmental arthrosis characterized as moderate in the medial femoral compartment, mild to the lateral compartment with moderate grade chondral fissuring of the patella, a small joint effusion, and lateral subluxation of the patella was indicated as well.

The last clinical record for review is from July 18, 2013 where the treating physician stated that the surgical request had been denied. He stated he once again reviewed the claimant's right knee radiographs and did not appreciate significant articular cartilage loss of the medial, lateral, or patellofemoral compartments. He indicated the claimant's knee continued with pain complaints with examination showing trace effusion, mild pain to the trochlear groove with 0 to 130 degrees range of motion, positive McMurray's testing, and negative instability. There was also medial joint line tenderness to palpation. Despite failing to resolve with conservative care, surgery was once again recommended in the form of right knee arthroscopy under anesthesia with

partial medial and lateral meniscectomies, chondroplasty with 12 sessions of postoperative physical therapy, and a seven day rental of a PolarCare unit.

CA MTUS ACOEM Guidelines 2004 Updates: Chapter: 13 Page 344-45

ACOEM 2004 OMPG Knee ch 13. 344-5. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear—symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes.

CA MTUS 2009 Post surgical rehabilitation:

Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee;

Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5):

Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks

\*Postsurgical physical medicine treatment period: 6 months

Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure -

Continuous-flow cryotherapy

Recommended as an option after surgery, but not for nonsurgical treatment.

Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) 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. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. (Raynor, 2005) There is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006) This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. (Woolf, 2008) Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood

loss by 32% and pain medication intake by 24%. (Levy, 1993) It improved ROM and reduced hospital stay by 21%. (Kullenberg, 2006) See also Cold/heat packs. Recent research: This systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. (Cina-Tschumi, 2007) Another systematic review concluded that, despite some early gains, cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. (Adie, 2010) Although the use of cryotherapy may not be a statistically effective modality, according to this systematic review, it may provide patient benefits. (Markert, 2011)

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### **1) Regarding the request for diagnostic arthroscopy of the right knee:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pages 343-345, which is part of MTUS; and, also used the Official Disability Guidelines (ODG): Knee Chapter, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13) pages 344-345, which is part of MTUS; and, also used the Official Disability Guidelines (ODG): Knee Procedure, Continuous-Flow Cryotherapy, which is not part of MTUS.

#### Rationale for the Decision:

Based on the California ACOEM guidelines, surgical intervention for this injured employee would appear reasonable. The medical records provided for review indicate that the employee continues to be symptomatic with meniscal tearing both medially and laterally, and the treating physician's recent clinical assessment indicated a well-preserved joint space. Based on failed conservative care, continued mechanical symptoms, and examination findings concordant with meniscal pathology, the role of operative intervention would appear reasonable.

**The request for diagnostic arthroscopy of the right knee is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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