

<b>Case Number:</b>	CM13-0003319		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 55-year-old male with a 4/4/13 date of injury. There is documentation of subjective finding of right knee pain and swelling. Objective findings include tenderness over the medial joint line and positive McMurray's test. Imaging findings include a truncated MRI of the right knee (undated; without letterhead, signature, or subheadings regarding Findings or Impression) revealing status post partial medial meniscectomy with inferiorly surfacing oblique re-tear in the posterior medial meniscal remnant; discoid lateral meniscus with inferiorly surfacing horizontal cleavage tear extending from the body into the anterior and posterior horns; proximal patellar tendinosis; and small joint effusion; report truncated), current diagnoses (right knee torn medial meniscus). Treatment to date include knee brace and medications (including ongoing treatment with Norco)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT KNEE ARTHROSCOPY WITH MENISCECTOMY QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS/ACOEM Guidelines identifies that 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, as criteria necessary to support the medical necessity of meniscectomy. The Official Disability Guidelines (ODG) identifies documentation of conservative care at least two symptoms, and at least two findings, as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of right knee torn medial meniscus. In addition, there is documentation of conservative care (Medication), at least two symptoms (Joint pain and Swelling), and at least two findings (Positive McMurray's sign and Joint line tenderness). However, despite documentation of medical record's reporting imaging findings there is no documentation of an imaging report. The request for one right knee arthroscopy with meniscectomy is not medically necessary and appropriate.

**NORCO 10/325MG QUANTITY: 480.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee torn medial meniscus. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional Final Determination Letter for IMR Case Number CM13-0003319 4 status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous use. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg quantity: 480.00 is not medically necessary and appropriate.