

Case Number:	CM13-0032801		
Date Assigned:	01/15/2014	Date of Injury:	11/01/2010
Decision Date:	04/09/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This patient is a 49 year-old female with a date of injury of 11/01/2010. The listed diagnosis per [REDACTED] dated 08/09/2013 is right knee oblique tear of the posterior horn of the medial meniscus with baker's cyst. According to report dated 08/09/2013 by [REDACTED], the patient presents with persistent right knee pain. Patient continues with "locking" sensation. Previous cortisone injections produced no alleviation of pain. Examination of the knee reveals flexion is 125 degrees and extension is 2 degrees. Medial joint line tenderness is noted. McMurray's sign is positive. Utilization review dated 09/06/2013 certified the request for a right knee arthroscopic surgery with meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postarthroscopy Surgical Site Infections: Review of the Literature: Hilary M. Babcock; Matthew J. Matava; and Victoria Fraser

Decision rationale: The Physician Reviewer's decision rationale: Treater is requesting Duricef as "post op medication." Utilization review dated 09/06/2013 denied the request stating documentation does not support that the patient is at increase risk for infection. The MTUS, ACOEM and ODG guidelines do not discuss post operative antibiotic. Some guidelines do not support post-operative prophylaxis beyond the wound closure. However, review of literature rates post-op arthroscopic infection rate at 0.01% to 0.48%. Given low but a finite risk for post-operative infection complication, the recommendation is for authorization of the requested prophylactic post-op antibiotics.

Motorized cold therapy unit: 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 & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with a right knee oblique tear of the posterior horn of the medial meniscus with baker's cyst. Utilization review dated 09/06/2013 approved the request for a right knee arthroscopic surgery with meniscectomy and modified certification for a cold therapy unit to a 7 day rental. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines has the following regarding 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." The MTUS Guideline is clear on the duration of postoperative use of continuous-flow cryotherapy. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary, and recommendation is for denial.

Norco: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-78.

Decision rationale: Treater is requesting Norco as "post op medication." This patient presents with a right knee oblique tear of the posterior horn of the medial meniscus with baker's cyst. Utilization review dated 09/06/2013 approved the request for a right knee arthroscopic surgery with meniscectomy and modified certification to one month supply of Norco. The MTUS guidelines under criteria for use of opioids page 76-78 states, use of opioids should be part of a treatment plan that is tailored to the patient. MTUS pgs 60, 61 goes on to state "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in

function and increased activity." In this case, treater is requesting Norco as a post operative medication. Recommendation is for approval.

Physical therapy eight sessions 2x4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: Treater is requesting post operative physical therapy sessions. Utilization review dated 09/06/2013 modified certification from 8 sessions to 6 sessions stating MTUS allow for 12 post operative therapy "with half that amount initially, therefore request is modified to an initial 6." For meniscectomy, the MTUS post-surgical p 24, 25 recommends 12 visits over 12 weeks. The treater's request for 8 post operative physical therapy is medically necessary and recommendation is for approval.