

<b>Case Number:</b>	CM13-0068755		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/23/2010
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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:

This is a 67-year-old with a reported injury date of July 23, 2010. Specific to the claimant's left knee there is a recent progress report by [REDACTED] from November 14, 2013 indicating ongoing complaints of pain about the left knee. The record documented that recent care has included viscosupplementation injections, prior corticosteroid injection, therapy, medication management, and activity restrictions with limited benefit. Her current working diagnosis is that of chondromalacia patella with objective findings of tenderness along the patellar surface with no gross effusion. The record documented that on the basis of her failed response to conservative care, a surgical arthroscopy with synovectomy was recommended for further definitive care. Imaging in this case includes an MRI report of the left knee dating back to August 4, 2010 showing mild chondromalacia to the patella with no evidence of other recent imaging or MRI scans noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMOXICILLIN 875MG, 20 COUNT (ASSOCIATED WITH LEFT KNEE SURGERY, [REDACTED] REVIEW PENDING): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the associated knee surgery decided in Maximus Case # CM13-0069142 is not medically necessary, none of the associated services are medically necessary or appropriate.

**ZOFRAN 8MG, 20 COUNT(ASSOCIATED WITH LEFT KNEE SURGERY, [REDACTED] REVIEW PENDING):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the associated knee surgery decided in Maximus Case # CM13-0069142 is not medically necessary, none of the associated services are medically necessary or appropriate.

**NEURONTIN 600MG #180 (ASSOCIATED WITH LEFT KNEE SURGERY, [REDACTED] REVIEW PENDING):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the associated knee surgery decided in Maximus Case # CM13-0069142 is not medically necessary, none of the associated services are medically necessary or appropriate.

**REJUVENESS, 1 SILICONE SHEETING TO REDUCE SCARRING (ASSOCIATED WITH LEFT KNEE SURGERY, [REDACTED] REVIEW PENDING):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the associated knee surgery decided in Maximus Case # CM13-0069142 is not medically necessary, none of the associated services are medically necessary or appropriate.