

<b>Case Number:</b>	CM14-0005008		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational Medicine, 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:

The patient is a 46-year-old who has submitted a claim for derangement of meniscus status post arthroscopy of right knee (September 2013), and left knee medial meniscus tear; associated from an industrial injury date of January 14, 2013. Medical records from February 22 to November 8, 2013 were reviewed and showed that patient complained of knee pain, graded 4-6/10. The pain is aggravated by rotating the legs, and climbing up and down the stairs, and relieved by ice and rest. Physical examination showed that there was limitation of range of motion. Muscle testing showed 4/5 knee extension and 5/5 knee flexion, bilateral. Sensation was intact. Treatment to date has included Lodine, Prilosec, and physical therapy. Utilization review, dated January 7, 2014 denied the request for Norco, and modified the request for twelve additional physical therapy sessions to six sessions. Reasons for denial and modification of the requests were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OP PHYSICAL THERAPY 12 SESSIONS (2X6): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26, Page(s): 98, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Post-Surgical Treatment Guidelines recommend twelve visits over twelve weeks in a six month post-surgical physical medicine period for patients who underwent meniscectomy. In this case, the patient had right knee arthroscopy on September 2013. Medical records submitted for review showed that patient has had seven out of the twelve approved physical therapy sessions. A progress report, dated October 17, 2013, stated that patient had improving quality of motion secondary to increased strength. The present request exceeds the recommended number of post-surgical physical therapy. Also, the rationale for additional sessions were not documented. The request for additional post-operative physical therapy, twice weekly for six weeks, is not medically necessary or appropriate.

**NORCO 10/325MG 1/2 TAB EVERY 4 HOURS AS NEEDED FOR PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26, Page(s): 83.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs [non-steroidal anti-inflammatory drugs]) and when there is evidence of moderate to severe pain. Weak opioids should be considered at initiation of treatment with this class of drugs. Furthermore, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the patient was prescribed Norco on September 5, 2013. However, there was no objective evidence of functional improvement or report of pain relief from its use. The request for Norco 10/325 mg is not medically necessary or appropriate.