

<b>Case Number:</b>	CM14-0005876		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Family Practice 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 female claimant who sustained a work injury on September 8, 2011 involving the right knee. She was diagnosed with degenerative joint disease of the right knee and had previously undergone a right knee arthroscopy. A Progress note on December 4, 2013 indicated the claimant used Vicodin and Naproxen for pain relief. She had continued pain in the right knee. Exam findings were notable for tenderness palpation in the patellofemoral and medial joint lines. An MRI showed abnormality in the posterior horn of the medial meniscus. An additional knee arthroscopy was recommended. The physician recommended post operative 24 sessions of physical therapy as well as postoperative hydrocodone for pain and the postoperative cold unit for 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tabs of Post Operative Hydrocodone-APAP 5/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines opioids are not recommended as first-line therapy for osteoarthritis. They're recommended for short-term use if there is evidence of failure of first-line treatment such as Tylenol or NSAIDs. There's no indication why the claimant may not take any Tylenol after surgery. Therefore the request for Post Operative Hydrocodone is not medically necessary.

**1 Post Operative Cold Therapy Unit (purchase or 7 days rental): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee pain.

**Decision rationale:** According to the guidelines, cold therapy is recommended for reducing edema. It is not effective for osteoarthritis. According to the ACOEM guidelines, cold packs maybe using the first few days after an acute injury. Although a cold unit may be beneficial immediately postoperatively, a 7 day use is not medically necessary.

**Post Operative Physical Therapy Visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Pain and Therapy.

**Decision rationale:** According to the guidelines a fading of treatment frequency is recommended for physical therapy of the knee. Up to 12 visits are recommended for surgical repairs of the anterior cruciate ligament or bucket handle tears or arthroplasties. In this case , the claimant was going through an arthroscopy. The 24 sessions of Postoperative Physical Therapy is excessive and therefore not medically necessary.