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| <b>Case Number:</b>   | CM14-0029655 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 07/05/2013 |
| <b>Decision Date:</b> | 07/16/2014   | <b>UR Denial Date:</b>       | 02/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/07/2014 |

### 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 Orthopaedic Surgery and is licensed to practice 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 58-year-old male warehouse worker sustained an industrial injury on 7/5/13 while loading a trailer and his left knee and ankle were caught between the truck and dock. The 10/10/13 initial orthopedic consult cited complaints of moderate left knee and ankle pain and left knee weakness. Symptoms were aggravated with stooping and squatting. Prior treatment had included anti-inflammatory medication and 8 visits of physical therapy. Physical exam findings documented no swelling or effusion, no crepitation on range of motion, no medial or lateral joint line tenderness, positive medial and lateral McMurray's tests, negative instability signs, and normal muscle strength. There were no complaints of pain or tenderness with sitting, standing, turning or twisting. Knee range of motion was normal and symmetrical. There was posteromedial and posterolateral joint line tenderness. A left knee MRI was recommended. The 12/12/13 orthopedic report cited persistent left knee pain with significant posteromedial joint line tenderness. There was no patellofemoral crepitus, negative grind, negative apprehension, no significant medial or lateral ligamentous laxity, negative Lachman's, and negative drawer sign. An MRI was again recommended. Records indicated that the 2/6/14 left knee MRI documented a tear of the posterior horn of the medial meniscus, tricompartmental articular cartilage thinning and degeneration without evidence for full-thickness defect or linear fissure. Osteoarthritic changes, as well as cartilage degeneration were greatest in the patellofemoral and medial compartments. There was small joint effusion. The 2/26/14 utilization review denied the request for left knee arthroscopy and associated requests as records did not reflect comprehensive conservative treatment, such as an injection. Norco was denied as there was no documented failure of first line medications such as Tylenol or non-steroidal anti-inflammatory drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LEFT KNEE EXAMINATION UNDER ANESTHESIA AND DIAGNOSTIC ARTHROSCOPY AND PARTIAL MENISECTOMY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Diagnostic arthroscopy, Meniscectomy.

**Decision rationale:** Under consideration is a request for left knee examination under anesthesia and diagnostic arthroscopy and partial meniscectomy. The California MTUS does not provide surgical recommendations for chronic knee conditions. The Official Disability Guidelines criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There are no current subjective or objective clinical findings documented that correlate with the reported MRI findings of a medial meniscus tear, consistent with guideline criteria. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including injection, had been tried and failed. Given the failure to meet guideline criteria, this request for left knee examination under anesthesia and diagnostic arthroscopy and partial meniscectomy is not medically necessary.

**25 TABLETS OF NORCO 5/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 91.

**Decision rationale:** Under consideration is a request for 25 tablets of Norco 5/325 mg. The California Medical Treatment Utilization Schedule guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics or anti-inflammatories. Records indicate that the patient was prescribed a new non-steroidal anti-inflammatory drug on 1/23/14 with no documentation of medication failure. This request for Norco may be a post-operative request. As the request for left knee examination under anesthesia, diagnostic arthroscopy, and partial meniscectomy is not medically necessary, the request for post-operative analgesia would also not be necessary. Therefore, this request for 25 tablets of Norco 5/325 mg is not medically necessary.

## **1 MEDICAL CLEARANCE: 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 Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

**Decision rationale:** As the request for left knee examination under anesthesia, diagnostic arthroscopy, and partial meniscectomy is not medically necessary, this request for one medical clearance is also not medically necessary.

## **12 POST OPERATIVE PHYSICAL THERAPY VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines Meniscectomy Page(s): 24.

**Decision rationale:** As the request for left knee examination under anesthesia, diagnostic arthroscopy, and partial meniscectomy is not medically necessary, this request for 12 post-operative physical therapy visits is also not medically necessary.