

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0039134 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 01/22/2010 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 03/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 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:

The claimant is 59-year-old gentleman who injured the left knee in a work related accident on January 22, 2010. Specific to the claimant's left knee, there was documentation of a March 3, 2014 progress report noting ongoing chronic complaints of pain to the knee with diffuse swelling medially and laterally. Examination showed full range of motion, tenderness medially, laterally, and anteriorly with palpation, mild swelling and a suprapatellar effusion. The report of a September 17, 2013 left knee MRI (magnetic resonance imaging) scan identified a tiny oblique tear through the posterior horn of the medial meniscus with a joint effusion and a Baker's cyst. The documentation fails to identify any recent conservative care being utilized. There is no further imaging for review. Surgical intervention was recommended in the form of a left knee arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Left Knee Arthroscopic Surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Indication for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**Decision rationale:** Based on California MTUS/ACOEM Guidelines, left knee arthroscopic surgery would not be indicated. The ACOEM Guidelines for meniscal surgery recommend there be clear clinical correlation between the examination findings and the claimant's imaging. In this case, the claimant has a documented tiny tear of the medial meniscus on imaging and the physical examination demonstrates diffuse findings, medially, laterally and anterior to the knee. The medical records do not document any form of conservative treatment offered to the claimant. There is also no reports from plain film radiographs. Without clear clinical correlation between the claimant's physical examination findings and imaging, the acute role of operative intervention has not been established. As such, the request is not certified.

**Tylenol #3 150mg every eight (8) hours:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use, and Therapeutic Trial of Opioids Page(s): 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support the continued use of narcotic analgesics, specifically Tylenol #3. There is currently no indication of an acute clinical finding or subjective complaint in this individual's course of care to support the continued use of opioid analgesics. There is also currently no indication for operative intervention, thus negating their need for postoperative use. As such, the request is not certified.