

<b>Case Number:</b>	CM14-0066227		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Texas. 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 injured worker is a 50 year old female. Her date of injury was 11/20/13. She had a previous left knee arthroscopy with partial lateral meniscectomy and chondroplasty. She had ongoing pain. Physical exam indicated full range of motion, mild swelling, posterolateral joint line tenderness, mild to moderate joint line tenderness; normal patellofemoral tracking and no instability. A magnetic resonance imaging scan on 1/27/14 indicated status post partial meniscectomy of a bucket handle type tear lateral with scarring versus residual meniscal fragment in the posterior and central aspect of the knee. There was progress of chondral fissure in peripheral aspect lateral plateau. There was tricompartmental arthritis noted. She has been treated with modified duty and medication. The 2/13/14 clinical exam indicates the injured worker with no mechanical symptoms, full motion with tenderness medially and laterally, McMurray. Fluoroscopy was performed and lateral compartment arthritis noted. She received a steroid injection with no improvement noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(L) Knee Diagnostic Arthroscopy W/Possible Partial Meniscectomy, Debridement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343-347.

**Decision rationale:** The injured worker does not meet criteria on clinical exam for surgery with at least two symptoms and two signs. The injured worker had not exhausted conservative treatment with physical therapy, there was no documentation of mechanical symptoms, swelling, locking, clicking or popping, the magnetic resonance imaging scan was not indicative of acute pathology and there were no radiographs as this injured worker had documented degenerative changes on fluoroscopy and intraoperatively. Meniscectomy in the degenerative knee is not recommended as necessary treatment in the literature.

**Pre-Operative Appointment with [REDACTED]:** 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 Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiogram (ECG).

**Decision rationale:** This is not a high risk surgery. This is an elective, outpatient surgery. In addition, the surgery was not deemed necessary so the request for pre operative clearance is not necessary.

**Pre-Operative Meds - One Refill Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids Page(s): 51 74.

**Decision rationale:** There is no indication for narcotic pain medication with an inflammatory condition. There is nothing in the notes provided to support the injured worker is in pain with decreased appetite, increased heart rate and blood pressure. There is no indication with the guidelines referenced or notes provided to approve Norco prior to surgery. In addition, the surgery was not deemed necessary so the request for pre operative medication is not necessary.

**(4) Post Operative Appointments within Global Period with Fluoroscopy:** 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): 343-347.

**Decision rationale:** There is no indication for the use of fluoroscopy after an arthroscopic procedure. After knee arthroscopy, routine radiographs are not necessary. There has been no hardware placed and there is no fracture to evaluate healing. This request is not following standards of care after arthroscopy. In addition, the notes indicate previous reviewer had conversation with provider and provider withdrew this request.

**Game Ready 2 Weeks Rental:** 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 Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

**Decision rationale:** Game Ready integrates cold and compression therapies in a treatment system. It is prescribed by physicians after knee surgery, particularly anterior cruciate ligament reconstruction. There are no high level evidence studies supporting this request. There is no evidence there are improved outcomes. In addition, the request is for two weeks, which is more than the recommended time per Official Disability Guideline criteria. In addition, the surgery was not deemed necessary so the request for Game Ready 2 Weeks Rental is not necessary.

**Knee Immobilizer:** 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 Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

**Decision rationale:** This injured worker has no evidence of knee instability by any documented clinical exam, nor any magnetic resonance imaging finding nor the actual operative report. Thus there is no indication for knee immobilizer.

**Pre Operative med 1 Refill of Naproxen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs, specific drug list & adverse effects, Page(s): 66 73.

**Decision rationale:** The injured worker has degenerative changes in her knee as supported by the magnetic resonance imaging scan, the intraoperative findings, the pre operative fluoroscopy. Chronic Pain Medical Treatment Guidelines specifically recommend non steroidal

anti-inflammatory drugs for osteoarthritis. This injured worker has proven osteoarthritis based on aforementioned findings. Naproxen (Naprosyn) is a non-steroidal anti-inflammatory drug indicated in the management of minor aches and pains due to arthritis, muscular aches, backache, menstrual cramps, headache, toothache, the common cold, and the temporary reduction of fever. Naproxen is also indicated in the management of the signs and symptoms of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, and juvenile arthritis, tendonitis, bursitis, acute gout, and management of pain and primary dysmenorrhea. The standard dosage is naproxen 220 mg every 8 to 12 hours as-needed for symptomatic relief. The maximum dose per day is 660 mg. Use smallest effective dose. The standard dose for rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, is naproxen 250mg, 375mg, or 500mg twice daily.