

<b>Case Number:</b>	CM14-0197723		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/02/2003
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

58 year old female claimant with an industrial injury dated 02/02/03. The patient is status post a lumbar posterior discectomy with neuroforaminotomy and facetectomy, rigid bilateral fixation with intradiscal cages and pedicle screws, intertransverse process fusion, allograft, and autograft as of 12/05/09. Exam note 09/23/14 states the patient returns with severe knee pain. The patient explains a burning sensation that continues to get worse, along with some instability of the right knee. The patient is beginning to have left knee pain as well as the right. Upon physical exam the patient demonstrated an antalgic gait. The patient completed a positive patellar grind maneuver. There was evidence of tenderness surrounding the medial joint line. There was a mild effusion noted. The patient demonstrated a positive McMurray's test. MRI of the right knee demonstrates on 9/11/14 tricompartmental osteoarthritis with medial and lateral meniscus tears. Treatment plan includes a right knee arthroscopy with meniscectomy and chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopy with meniscectomy and chondroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS 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 and Leg, Arthroscopic surgery for osteoarthritis.

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 9/11/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the injured worker has significant osteoarthritis, the requested knee arthroscopy is not medically necessary.

**Associated surgical service: ice unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Zofran 8 mg (post-op) #10:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Norco 10/325 #60:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The exam note from 9/23/14 demonstrated no evidence of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the request is not medically necessary.

**Sprix nasal spray 15.75 mg, 40 units (bottles) #5:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 63-67.

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines, NSAIDs, pages 67-73, non-steroidal anti-inflammatories should be used at the lowest dose for the shortest period of time. Sprix is a nasal spray with non steroidal anti-inflammatory medication. The exam note from 9/23/14 does not indicated for what inflammatory condition is requiring treatment to warrant Sprix nasal spray. In addition there is no rationale why an oral medication is contraindicated. Therefore the request is not medically necessary.

**Associated surgical service: post-operative physical therapy to the right knee #8:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Associated surgical service: Duricef 500 mg (post-op) #14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.