

<b>Case Number:</b>	CM14-0199111		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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:

According to the records made available for review, this is a 22-year-old male with a 1/30/14 date of injury. At the time (9/22/14) of the request for authorization for left knee arthroscopy; post-operative physical therapy, three times weekly for four weeks; CPM machine/pad kit (no duration recommended); crutches; left knee brace; cold unit; and Norco 10/325 mg, sixty count, provided on September 22, 2014, there is documentation of subjective (pain and swelling) and objective (moderate effusion, point tenderness upon palpation about the medial joint line, and McMurray's test elicits pain in the medial compartment) findings, imaging findings (MRI left knee (3/5/14) report revealed findings suspicious for a posterior horn medial meniscal tear anterior to the meniscal capsular attachment), current diagnoses (left knee medial meniscal tear), and treatment to date (medication including opioids for at least 3 months, exercise program, ice, and elevation). Regarding CPM machine/pad kit (no duration recommended); there is no documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint]. Regarding the cold unit, there is no documentation of a specified duration of use. Regarding Norco 10/325 mg, sixty count, provided on September 22, 2014, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 - 342, Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Online Edition

**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, Meniscectomy

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that 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, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. In addition, there is documentation of clear evidence of a meniscus tear; symptoms other than simply pain (swelling); clear signs of a tear on examination; and consistent findings on MRI. Therefore, based on guidelines and a review of the evidence, the request for left knee arthroscopy is medically necessary.

**Post operative physical therapy, three times weekly for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. In addition, there is documentation of a pending surgical procedure. However, the requested post-operative physical therapy, three times weekly for four weeks exceeds guidelines (for an initial

course of physical therapy following surgery). Therefore, based on guidelines and a review of the evidence, the request for post-operative physical therapy, three times weekly for four weeks is not medically necessary.

**CPM machine/pad kit (no duration recommended): 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), Knee Chapter, Online Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM)

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of left knee medial meniscal tear. In addition, there is documentation of a pending surgical procedure. However, there is no documentation of any of the following surgeries [total knee arthroplasty; anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint]. Therefore, based on guidelines and a review of the evidence, the request for CPM machine/pad kit (no duration recommended) is not medically necessary.

**Crutches:** Overturned

**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 & Leg, Walking aids

**Decision rationale:** MTUS does not address the issue. ODG identifies walking aids (canes, crutches, braces, orthoses, & walkers) are recommended. Almost half of patients with knee pain possess a walking aid. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. In addition, there is documentation of a pending surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for crutches is medically necessary.

**Left knee brace:** 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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the medical necessity of a knee brace. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. In addition, there is documentation of a pending surgical procedure. However, given that the documentation of a pending surgical procedure is limited to left knee arthroscopy, there is no (clear) documentation of meniscal cartilage repair. Therefore, based on guidelines and a review of the evidence, the request for left knee brace is not medically necessary.

**Cold Unit:** 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), Knee Chapter, Online Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy

**Decision rationale:** MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. In addition, there is documentation of a pending surgical procedure. However, there is no documentation of a specified duration of use. Therefore, based on guidelines and a review of the evidence, the request for cold unit is not medically necessary.

**Norco 10/325 mg, sixty count, provided on September 22, 2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 81, and 83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Online Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with opioids for at least 3 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg, sixty count, provided on September 22, 2014 is not medically necessary.