

<b>Case Number:</b>	CM14-0206310		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/19/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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 44-year-old male with a 2/19/06 date of injury. At the time (11/13/14) of request for authorization for Tylenol No. 3 30/325mg #50 (for the right knee), Left knee arthroscopic meniscectomy, Post op physical therapy evaluation for the left knee, Norco 10/325mg #50 (for the left knee), Tylenol No. 3 30/325mg #50 (for the left knee), and 1 pair of post-op crutches (for the left knee), there is documentation of subjective (left knee pain with swelling and catching) and objective (tenderness along the medial joint line, effusion is noted, and quadriceps atrophy) findings, imaging findings (MRI of the left knee (8/15/14) report revealed a horizontal tear in the posterior horn of the medial meniscus contacting the inferior articular surface), current diagnoses (degeneration of posterior horn of medial meniscus), and treatment to date (medications (including ongoing treatment with Norco and Flexeril) and knee injections). Medical report identifies that the requested Post op physical therapy evaluation for the left knee is for 1 visit. Regarding Tylenol No. 3 30/325mg #50 (for the right knee) and Tylenol No. 3 30/325mg #50 (for the left knee), there is no 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 30/325mg #50 (for the right knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 35.

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

**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 a diagnosis of degeneration of posterior horn of medial meniscus. 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; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tylenol No. 3 30/325mg #50 (for the right knee) is not medically necessary.

**Left knee arthroscopic meniscectomy:** Overturned

**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): 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 a diagnosis of degeneration of posterior horn of medial meniscus. In addition, there is documentation of conservative care (medications, cortisone injection, and home exercise program). Furthermore, given documentation of subjective (left knee pain with swelling and catching) findings, there is documentation of at least two symptoms (joint pain and swelling).

Moreover, given documentation of objective (tenderness along the medial joint line and effusion) findings, there is documentation of at least two findings (joint line tenderness and effusion). Lastly, given documentation of imaging findings (MRI of the left knee identifying a horizontal tear in the posterior horn of the medial meniscus contacting the inferior articular surface), there is documentation of imaging findings (Meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for Left knee arthroscopic meniscectomy is medically necessary.

**Post op physical therapy evaluation for the left knee: Overturned**

**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 a diagnosis of degeneration of posterior horn of medial meniscus. In addition, there is documentation of an associated request for Left knee arthroscopic meniscectomy that has been authorized/certified and a rationale identifying that the requested Post op physical therapy evaluation for the left knee is for 1 visit. Therefore, based on guidelines and a review of the evidence, the request for Post op physical therapy evaluation for the left knee is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Norco 10/325mg #50 (for the left knee): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of acute severe pain, as criteria necessary to support the medical necessity of opioid therapy for a short period of time. Within the medical information available for review, there is documentation of a diagnosis of degeneration of posterior horn of medial meniscus. In addition, there is documentation of an associated request for Left knee arthroscopic meniscectomy that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #50 (for the left knee) is medically necessary. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

**Tylenol No. 3 30/325mg #50 (for the left knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

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

**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 a diagnosis of degeneration of posterior horn of medial meniscus. 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; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tylenol No. 3 30/325mg #50 (for the left knee) is not medically necessary.

**1 pair of post-op crutches (for the left knee): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web, 12th edition/Knee 2014, Walking aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers); Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of a diagnosis of degeneration of posterior horn of medial meniscus. In addition, given documentation of an associated request for Left knee arthroscopic meniscectomy that has been authorized/certified, there is documentation of a personal mobility deficit that would be sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for 1 pair of post-op crutches (for the left knee) is medically necessary.

This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.