

<b>Case Number:</b>	CM14-0208588		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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:

44 year old male claimant with an industrial injury dated 11/21/08. The patient is status post a left knee repair as of 08/28/14. Exam note 09/23/14 states the patient returns with pain on the left side of the body. Upon physical exam the patient demonstrated an antalgic gait. There was evidence of swelling surrounding the left knee along with portal holes. The patient demonstrated left sides hemiparesis. Diagnosis is noted as post-traumatic left sided hemiparesis, internal derangement of the knee, and contusion and lumbosacral sprain and strain. Treatment includes physical therapy, and a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6, Official Disability Guidelines (ODG), Pain (Chronic), Opioids, Hydrocodone/Acetaminophen

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

**Decision rationale:** According to the California 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. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore, the request is not medically necessary.

**12 visits of Postoperative Physical Therapy Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6, Official Disability Guidelines (ODG), Pain (Chronic)

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

**Decision rationale:** According to the California MTUS Postsurgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. Therefore, this request is not medically necessary.