

<b>Case Number:</b>	CM14-0052033		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, Sports Medicine

### 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 55-year-old male who reported injury on 10/15/2009. Prior therapies included physical therapy and corticosteroid injections. The mechanism of injury was the injured worker hit his knee on a steel stool. The injured worker was noted to have left hand surgery, left shoulder surgery, a cholecystectomy and an appendectomy. The injured worker underwent an MRI of the left knee on 10/17/2013. The MRI revealed no meniscal tear or ligament injury. The injured worker underwent left knee radiographs on 12/11/2013, which revealed degenerative changes of the left knee. There was curvilinear cortical configuration of the proximal left tibial diaphysis that may be secondary to a prior trauma; however, it was not significantly changed compared to the radiograph of 10/15/2009. The injured worker underwent MRI of the left knee on 10/17/2013, which revealed the major tendons and ligaments were intact and there was no evidence of acute grade III intrameniscal tear. There was a Request for Authorization submitted for review dated 03/08/2014. The documentation of 02/12/2014 revealed the injured worker had swelling and mechanical symptoms medially. The injured worker was noted to have minimal arthritis on x-ray. The injured worker had medial joint line tenderness. The injured worker had positive McMurray's with varus stress test. The injured worker had positive moderate effusion. Treatment options included diagnostic arthroscopy. The physician opined the injured worker had more significant internal derangement because of ongoing effusion and a failure of improvement with conservative care. The request was made for surgical intervention, a limited supply of antibiotics, antiemetic medications, stool softener, vitamin C, physical therapy, and a preoperative appointment as well as pain medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Knee Meniscectomy & Debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 343-345.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month. There should be documentation of clear signs of bucket handle tear on examination and symptoms other than pain including locking, popping, giving way or current effusion. Additionally, there should be documentation of consistent findings on MRI. The clinical documentation submitted for review failed to provide documentation the injured worker had MRI findings. The documentation failed to indicate the prior conservative care that was provided. Given the above, the request for left knee meniscectomy and debridement is not medically necessary.

### **Keflex 500mg #4 QTY: 4.00: 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.

### **Zofran 4mg #10 QTY: 10.00: 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.

### **Ibuprofen 600mg #10 QTY: 90.00: 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.

**Colace 100mg #10 QTY: 100.00:** 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.

**Norco 7.5/325mg #50 QTY: 50.00:** 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.

**Vitamin C 500mg #60 QTY: 60.00:** 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.

**Post-operative Physical Therapy 2x6, QTY: 12.00:** 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.