

<b>Case Number:</b>	CM15-0007060		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 29, 2011. In a Utilization Review Report dated December 29, 2014, the claims administrator denied requests for Keflex, physical therapy, Zofran, and a right knee meniscectomy surgery. The claims administrator referenced an RFA form of December 26, 2014 and a progress note of December 18, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 26, 2014 progress note, the attending provider stated that the applicant had MRI imaging which had demonstrated recurrent meniscal tear following earlier failed knee arthroscopic meniscectomy repair in 2012. Persistent complaints of knee pain were reported. The attending provider stated that he was seeking authorization for an arthroscopic meniscectomy and debridement. The attending provider stated that the applicant had an MRI-confirmed recurrent meniscal tear. MRI arthrography of the knee dated September 8, 2014 was notable for joint space narrowing, the absence of osteochondral defects, and increased signal about the medial meniscus which, per the authoring radiologist, was consistent with a meniscal tear with superimposed meniscal degeneration. In a December 18, 2014 progress note, the attending provider sought authorization for a knee meniscectomy procedure, noting that the applicant was not working and was having issues with knee pain, knee popping, and knee clicking. The applicant was using Naprosyn and Motrin for pain relief. The applicant was given a diagnosis of symptomatic medial meniscus tear status post failed meniscal repair. Norco,

Colace, Motrin, Zofran, and Keflex were apparently endorsed for postoperative use, along with 12 sessions of postoperative physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right knee meniscectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 347.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, arthroscopic meniscectomy or repair is recommended for applicants with severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent for meniscal tear. Here, MR arthrography of September 8, 2014 was suggestive of a meniscal tear with superimposed meniscal degeneration following earlier failed meniscal repair surgery. The applicant is off of work. Persistent complaints of locking and clicking were reported. Moving forward with a knee meniscectomy, thus, is indicated in the clinical context present here. Therefore, the request is medically necessary.

**Postoperative physical therapy twice a week for three weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines support a general course of twelve sessions of physical therapy following planned knee meniscectomy surgery. MTUS 9792.24.3.a2 qualifies this recommendation by noting that an initial course of therapy represents one-half of the numbers specified in the general course of therapy for the specific surgery. One-half of 12 sessions, thus, is 6 sessions. The request, thus, as written, is in-line with MTUS parameters. Therefore, the request is medically necessary.

**Postoperative Colace 100mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants

who have been given opioid agents. Here, the applicant was given Colace along with Norco, an opioid agent. Concurrent provision of Colace was, thus, indicated in the face of the applicant's using opioid therapy with Norco. Therefore, the request was/is medically necessary.

**Postoperative Keflex 500mg #4: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Knee Chapter, Table 3: Recommended-one-day-use of systemic antibiotics for patients undergoing surgical knee procedures (B)

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that the one-day usage of systemic antibiotics for applicants undergoing surgical knee procedures is recommended. Here, the applicant is undergoing knee arthroscopy and meniscectomy, approved above. One-day usage of postoperative Keflex, thus, is indicated here. Therefore, the request is medically necessary.

**Postoperative Zofran 4mg: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide: Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery

**Decision rationale:** The MTUS does not address the topic. However, the Food and Drug Administration (FDA) does acknowledge that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by surgery. Here, an arthroscopic meniscectomy procedure has been approved above. The applicant could reasonably or plausibly be expected to have issues with postoperative nausea and/or vomiting for which postoperative usage of Zofran would be appropriate. Therefore, the request is medically necessary.