

<b>Case Number:</b>	CM15-0103624		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Illinois, California, Texas  
 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:

The injured worker is a 43-year-old male who sustained an industrial injury on 7/28/14. The mechanism of injury was not documented for this date of injury. He was diagnosed with a left tibial tubercle and lateral femoral condyle fracture, left quad atrophy, post-traumatic left knee symptoms, and left ankle sprain/strain. Records documented that urine toxicology testing was administered on 10/29/14, 12/10/14, and 2/25/15 with no results reported. The 4/8/15 treating physician report cited unchanged grade 5/10 left knee pain, and increased locking and clicking. Left ankle pain had improved since the last visit to grade 2/10. Left knee exam documented grade 2 tenderness to palpation, restricted range of motion, and positive McMurray's test. There was 4/5 left knee strength and quadriceps atrophy. Left ankle exam documented grade 2 tenderness to palpation and restricted range of motion. MRI was reported positive for meniscal degeneration. The treating physician stated that the injured worker had failed all conservative methods. Authorization was requested for left knee arthroscopic surgery with partial meniscectomy/decompression, continued physical therapy 2x6 for the left knee and ankle, post-op physical therapy x 12 for the left knee, urine toxicology testing administered for medication monitoring, and Prilosec 20 mg #60 for use with Naproxen or other NSAIDs. The 5/4/15 utilization review non-certified the left knee arthroscopic surgery with partial meniscectomy and decompression and associated surgical requests as there was no evidence on imaging that the patient had a meniscal tear to support the medical necessity for surgical correction. The request for 12 visits of physical therapy for the left knee was non-certified as the injured worker had already been authorized for 15 visits with no documented evidence of functional improvement to

support additional therapy. The request for urine toxicology was non-certified as there was no evidence that the injured worker was currently taking opioids or other controlled substances that would require monitoring. The request for Prilosec 20 mg #60 was non-certified as there was no documentation of gastroesophageal reflux disease to support the medical necessity of this request.

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

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

**Left knee arthroscopic surgery with partial meniscectomy/decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

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

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This injured worker presents with left knee pain and mechanical symptoms of locking and clicking. There are clear clinical exam findings consistent with reported imaging evidence of meniscal pathology. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is not medically necessary at this time.

**Physical therapy x 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Physical medicine treatment; Ankle and Foot: Physical therapy (PT).

**Decision rationale:** The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The Official Disability Guidelines recommend 9 visits over 8 weeks for diagnoses of meniscal derangement and ankle sprain. Guideline criteria have not been met. There is no documentation of functional treatment goals for the requested

physical therapy. There is no functional assessment or specific functional deficit identified. Records indicated that 15 previous physical therapy visits had been certified. There is no objective measurable functional improvement documented relative to prior care. There is no compelling rationale presented to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.

**Post-op physical therapy x 12 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, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.

**Urine toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. There is no documentation at time of this request that the injured worker was prescribed opioid medications or other controlled substances. There is no documentation that the injured worker had issues of abuse, addiction, or poor pain control. Records indicated that urine toxicology testing had been performed on 10/29/14, 12/10/14, and 2/25/15 with no evidence of compliance issues. Therefore, this request is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have not been met. This injured worker is 43 years old. There is no documentation in the medical records of a gastrointestinal complaint, history of gastrointestinal disease, or that the injured worker is using high dose or multiple NSAIDs. Therefore, this request is not medically necessary.