

<b>Case Number:</b>	CM15-0146313		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Minnesota, Florida  
 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 (IW) is a 47-year-old female who sustained an industrial injury on 06-03-2014. Diagnoses include right medial meniscus tear and status post arthroscopic right knee subtotal medial meniscectomy and chondroplasty of the patella; post-operative hemarthrosis. Treatment to date has included medications, physical therapy, bracing and CPM. According to the Comprehensive Orthopedic Re-Evaluation dated 7-7-2015, the IW reported she was improving. She was 10 days post-operative right knee arthroscopy. She was using her CPM machine at 70 degrees, but reported moderate to severe pain and tightness in the knee. On examination, right knee extension-flexion was 5-50. The IW had a tight hemarthrosis; 30 ml of blood was aspirated from the right knee under sterile technique. Afterward, she gained 0-85 degrees in range of motion. A request was made for urinalysis toxicology due to Norco; brace for support of the right knee; CPM (continuous passive motion), one month and post-operative physical therapy, three times weekly for six weeks (18 session) for range of motion and straightening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens Page(s): 94.

**Decision rationale:** The request for urine toxicology is based upon the postoperative prescription for Norco to be taken as needed for pain control. There is no documentation of aberrant pain behaviors, or a high risk of abuse. Although frequent random urine toxicology screens are recommended, the documentation indicates some that Norco was to be taken as needed for pain and therefore a negative toxicology screen would not mean noncompliance. As such, the medical necessity of urine toxicology request is not established.

**Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & leg - Criteria for use of Knee Braces.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The injured worker underwent right knee arthroscopic subtotal medial meniscectomy, chondroplasty of the patella, synovectomy, diagnostic arthroscopy, and placement of pain pump and application of a Bledsoe brace on 6/26/2015. The California MTUS guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability although its benefits may be more emotional than medical. The documentation provided does not indicate the presence of any of the above conditions. As such, the request for a brace is not supported and the medical necessity has not been substantiated.

**CPM (continuous passive motion), 1 month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Continuous passive motion (CPM) devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous passive motion.

**Decision rationale:** The injured worker underwent to right knee arthroscopy with a subtotal medial meniscectomy, chondroplasty of the patella, synovectomy, and placement of a pain pump and application of a brace on 6/26/2015. Post-operatively the injured worker developed a hemarthrosis with restricted range of motion but the range of motion improved immediately after aspiration of the hemarthrosis. California MTUS guidelines do not address this issue. ODG

guidelines are therefore used. The guidelines do not recommend use of a continuous passive motion device after meniscectomy. As such, the request for CPM is not supported and the medical necessity of the request has not been substantiated.

**Post operative Physical Therapy, 3 times wkly for 6 wks, 18 sessions: Upheld**

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

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

Page(s): 24.

**Decision rationale:** California MTUS post-surgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these 12 visits which is 6. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated exceeds the guideline recommendation of 6 visits. As such, the medical necessity of the request has not been substantiated.