

<b>Case Number:</b>	CM15-0183788		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California, Oregon, Washington  
 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 27 year old male who sustained an industrial injury on 02-18-2014. Medical records indicated the worker was treated for right knee medial meniscal tear and arthritis. According to provider notes of 08-08-2015, the worker has had a MRI of the right knee (05-21-2015) that revealed chondromalacia of the medial femoral condyle and possible medial meniscal tear. His exam showed right knee range of motion 0-130 degrees with mild patellofemoral crepitation and medial joint line tenderness with positive McMurrays on varus stress. (08-08-2015, 08-28-2015) The knee is stable to anterior, posterior, medial and lateral stress. The worker is assessed as having a right knee symptomatic internal derangement with probable medial meniscal tear. Treatments have included physical therapy, Advil, and cortisone injection to the right knee (08-08-2015) without significant relief. The plan of care is for a right knee arthromenisectomy and debridement followed by medications and physical therapy. A request for authorization was submitted for: 1. Right knee meniscectomy, debridement 2. Post-operative physical therapy 2 x 8 3. Keflex 500mg #4 4. Zofran 4mg ODT #10 5. Ibuprofen 600mg #90 6. Colace 100mg #10 7. Norco 7.5/325mg #50 8. Vitamin C 500mg #60. A utilization review decision 09-03-2015 Approved: Right knee meniscectomy, debridement from 09-03-2015 through 11-03-2015; Keflex 500mg #4; Zofran 4mg ODT #10; Ibuprofen 600mg #90; Colace 100mg #10; Norco 7.5/325mg #50 Non- approved: Vitamin C 500mg #60 Modified: Post-operative physical therapy 2 x 8 to authorize 6 visits from 09-03-2015 through 11-03-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** According to the CA MTUS/Post Surgical 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. As the request exceeds the initial allowable visits, the request is not medically necessary.

**Vitamin C 500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

**Decision rationale:** CA MTUS/Chronic pain, CRPS prevention, page 38, states that 500 mg Vitamin C daily may be started in cases of post fracture chronic regional pain syndrome Type I. In this case, the exam notes from 8/28/15 do not demonstrate evidence satisfying the stated criteria. Therefore, the request is not medically necessary.