

Case Number:	CM15-0187599		
Date Assigned:	09/29/2015	Date of Injury:	09/11/2013
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This injured worker is a 65-year-old female who sustained an industrial injury on 9/11/13. Injury occurred when she tripped over a baby carrier and fell, landing on her right side. Past medical history was positive for breast cancer (status post mastectomy/reconstruction) and diabetes. She underwent right knee lateral meniscectomy, chondroplasty, and synovectomy on 4/22/14, right shoulder arthroscopic surgery on 5/29/14, and right total hip arthroplasty on 4/21/15. The 6/9/15 right knee MRI that showed a tear of the anterior horn of the lateral meniscus, small joint effusion, and grade 2 chondromalacia patella of the lateral tibial plateau. Conservative treatment included at least 20 sessions of physical therapy, activity modification, and injections. The 9/2/15 treating physician report cited persistent right knee pain with catching, locking, and popping. Right knee exam documented lateral joint line tenderness and positive McMurray's with varus and valgus stress. Range of motion past 100 degrees of flexion results in locking. Authorization was requested for right knee meniscectomy and debridement with associated requests for assistant surgeon, postoperative medications including Naproxen 500 mg #60, Colace 100 mg #10, generic Norco 5/325 mg #60, Keflex 500 mg #4, Zofran 4mg #10, and Vitamin C 500mg #60, and 16 sessions of postoperative physical therapy. The 9/21/15 utilization review certified the request for right knee meniscectomy and debridement with associated requests for assistant surgeon, postoperative medications including Naproxen 500 mg #60, Colace 100 mg #10, and generic Norco 5/325 mg #60. The request for 16 sessions of post-operative physical therapy was modified to 12 sessions consistent with Post-Surgical Treatment Guidelines. The request for post-op Keflex 500 mg #4 was non-certified as guidelines did not support Keflex as standard of care for this type of procedure. The request for post-op Zofran 4

mg #10 was non-certified as there was no evidence of intractable nausea or vomiting, or the expectation of such. The request for post-op Vitamin C 500 mg #60 was non-certified as there was no delineated evidence of a specific nutritional deficiency 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:

Post-operative physical therapy 2 times a week for 8 weeks for the right knee: 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: 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. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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. The 9/21/15 utilization review recommended partial certification of 12 post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

Post-operative Keflex 500mg #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infections Diseases, Cephalexin (Keflex), Bone & Joint Infections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3):195-283.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for peri-operative antibiotics. Clinical practice guidelines state that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. When procedures include implantation of foreign materials, guidelines generally support a short-term course of a

cephalosporin antibiotic. The plausible use of suture anchors would support the medical necessity of this request consistent with guidelines. Therefore, this request is medically necessary.

Post-operative Zofran 4mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea), Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Antiemetics (for opioid nausea).

Decision rationale: The California MTUS guidelines do not provide recommendations for anti-emetics for post-operative use. The Official Disability Guidelines indicated that Zofran (Ondansetron) is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for post-operative use for nausea and vomiting. Guideline criteria have been met to support the short term use of Zofran in the treatment of post-operative nausea and vomiting. Therefore, this request is medically necessary.

Post-operative 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/medlineplus/ency/article/002404.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Vitamin C and Other Medical Treatment Guidelines Fukushima R, Yamazaki E, Vitamin C requirement in surgical patients, Curr Opin Clin Nutr Metab Care, 2010 Nov; 13(6):669-76, doi: 10.1097/MCO.0b013e32833e05bc.

Decision rationale: The California MTUS and Official Disability Guidelines support the use of prophylactic Vitamin C for the prevention of complex regional pain syndrome for patients who are status post fracture. Fukushima et al concluded that the vitamin C requirement was increased in surgical patients, and the potential advantage of supplementation was to increase the plasma and tissue levels of vitamin C and thereby reduce oxidative stress. The optimal dose for supplementation and the clinical benefits remain to be investigated in surgical patients. Guideline criteria have not been met. Vitamin C has not been adequately proven with regards to overall efficacy and safety. There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested vitamin in this injured worker's clinical scenario. Therefore, this request is not medically necessary at this time.