

<b>Case Number:</b>	CM15-0203577		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 55 year old female who sustained an industrial injury on 04-11-2012. A review of the medical records indicated that the injured worker is undergoing treatment for cervical spine discopathy, bilateral carpal tunnel syndrome and osteoarthritis of the bilateral knees. The injured worker is status post cervical epidural decompression neuroplasty and cervical medial branch block in 09-2012, 10-2012 and in 11-2012 and left knee surgery (no date or procedure documented) and bilateral carpal tunnel releases. According to the treating physician's progress report on 09-09-2015, the injured worker continues to experience increased right knee pain rated at 8-9 out of 10 on the pain scale, cervical spine pain associated with numbness and increasing lumbar spine pain with weakness. Examination of the cervical spine demonstrated tenderness and spasm with limited range of motion. Examination of the right knee demonstrated tenderness to palpation with painful range of motion, swelling, gait change and positive McMurray's, and Apley's tests with crepitus and positive joint effusion. Quadriceps strength was 4 out of 5 on the right. There were no objective findings or diagnoses related to the lumbar spine. Submitted in the medical review were the official reports of the cervical spine, right knee and right elbow magnetic resonance imaging (MRI) performed on 06-19-2012 and thoracic spine magnetic resonance imaging (MRI) performed on 05-03-2013. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the upper extremities performed on 02-16-2015 were included in the review. Bilateral right knee X-rays performed in 02-2015 demonstrated tri-compartmental osteoarthritis, most pronounced in the bilateral medial

femorotibial and patellofemoral joint space compartments without osseous erosions or lesions evident. Prior treatments have included diagnostic testing, cervical spine epidural steroid injection, cervical spine medial branch block, anatomical impairment measurements and medications. Current medications were listed as Tramadol 150mg and Naproxen. Treatment plan consists of arthroscopy of the right knee (meniscectomy) and the current request for post-operative Norco 10mg-325mg #45, post-operative Keflex 500mg #15, pre-operative clearance and physical therapy 8 sessions for the lumbar spine. On 09-21-2015 the Utilization Review determined the request for post-operative Norco 10mg-325mg #45, post-operative Keflex 500mg #15 and pre-operative clearance was not medically necessary since the surgical intervention was not certified and the request for physical therapy, 8 sessions for the lumbar spine was deemed not medically necessary.

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

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

**Norco 10/325mg, total number of 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** MTUS 2009 states that opioids should provide functional improvement if used to treat chronic non-malignant pain. There are no specific recommendations for post-operative care. However, the medial records do not indicate whether surgery is to be performed. There is no medical necessity for post-operative pain medications if surgery is not performed. Therefore, this request for post-operative Norco is not medically necessary.

**Keflex 500mg, total number of 15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.surgicalcriticalcare.net/Guidelines/antibiotic\\_prophylaxis.pdf](http://www.surgicalcriticalcare.net/Guidelines/antibiotic_prophylaxis.pdf).

**Decision rationale:** The referenced guidelines indicate that a single dose of antibiotic administered one hour prior to incision is as effective as a 5 day post-operative course. Other studies indicate that there is no reduction in post-operative infections with antibiotics for clean uncomplicated procedures. The use of prophylactic antibiotics is not supported by referenced guidelines and studies do not show a reduction in post-operative infection rate with a course of post-operative antibiotics. This request for post-operative antibiotics is not medically necessary.

**Preoperative clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine, Preoperative evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meniscectomy.

**Decision rationale:** ODG does not provide any recommendations concerning preoperative medical clearance for meniscectomies. The patient is diagnosed with hypertension and diabetes and therefore preoperative medical clearance would be appropriate to ensure that the patient can successfully complete surgery. However, since surgery is not contemplated in this patient, a preoperative medical clearance is not medically necessary.

**Physical therapy, 8 sessions, for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS 2009 states nine sessions of physical therapy are an option to treat myalgia. The patient is diagnosed with low back pain. The etiology of the low back pain has not been established in the medical records based upon history of injury and physical exam findings. Red flag diagnoses have not been excluded. However, MTUS 2009 allows physical therapy for the diagnosis of myalgia. The treating providers have requested physical therapy to treat low back pain even though a diagnostic work up has not been done. MTUS 2009 allows up to nine sessions of PT for myalgias and therefore physical therapy fits within evidence based medical guidelines. This request for physical therapy is medically necessary since the request fits within MTUS 2009.