

<b>Case Number:</b>	CM15-0043884		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 is a 40 year old male, who sustained an industrial injury on 1/3/13. He reported left knee pain. The injured worker is status post (ACL) Anterior Cruciate Ligament reconstruction and partial medial meniscectomy. Treatment to date has included Orthovisc injections, arthroscopic surgery, physical therapy and oral medications including Norco. (MRI) magnetic resonance imaging of left knee was performed on 1/13/15, which revealed chondromalacia and a possible horizontal tear of the remnant of the medial meniscus. His pain was reported to be lateral. X-rays have revealed mild tricompartmental osteoarthritis. Currently, the injured worker complains of significant left knee pain, status post remote left knee (ACL) Anterior Cruciate Ligament reconstruction and partial medial meniscectomy. The injured worker continues to have pain and slight (1+) effusion. A request for repeat diagnostic arthroscopy was noncertified by Utilization Review using MTUS and ODG guidelines. Additional requests for Anaprox, Norco, Tramadol 50 and Tramadol ER 150, Keflex, and Postoperative physical therapy were also non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 66 and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** California MTUS chronic pain guidelines recommend the use of NSAIDs for osteoarthritis including the knee and hip. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appeared to be superior to acetaminophen, particularly for patients with moderate to severe pain. As such, the request for Anaprox 550 #60 is supported by guidelines and the medical necessity of the request has been substantiated.

**Keflex 500 mg #28:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/antibiotics.html>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): s 344 and 345.

**Decision rationale:** The requested surgery is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

**Repeat Left Knee Diagnostic Arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): s 344 and 345.

**Decision rationale:** The injured worker has evidence of tricompartmental degenerative changes in the knee associated with a horizontal tear of the remnant of the medial meniscus. The radiology report indicates that his pain is mostly lateral. Horizontal tears are usually a manifestation of degenerative changes in the joint and are not symptomatic. The symptoms are due to the underlying condition of chondromalacia which results in an inflammatory process in the synovium. X-rays of left knee dated 1/13/2015 were reported to show small osteophytes along the patellofemoral joint and medial and lateral compartments. The diagnosis was mild tricompartmental osteoarthritis. MRI scan of the left knee without contrast dated 1/13/2015 revealed a horizontal linear increased signal of the body of the medial meniscus. The body of the medial meniscus is partially displaced into the medial gutter. Intact lateral meniscus. Stable mild medial compartment cartilage loss. No other significant pathology. Conclusion: 1. The patient complains of lateral pain. The lateral meniscus, lateral compartment cartilage and lateral ligaments are intact. 2. Recurrent tear versus postsurgical changes of the body of the medial meniscus. MR arthrography may be useful for further evaluation if indicated. 3. Stable mild medial compartment osteoarthritis. 4. Intact ACL graft. 1.5, 1.1, 2.8 cm tibial tunnel cyst. On February 5, 2015 examination of the knee revealed 1+ effusion, marked medial joint line tenderness, positive McMurray, flexion to 110 degrees, negative ligamentous exam including Lachman and varus/valgus laxity. The options were to undergo Orthovisc injections or repeat

arthroscopic surgery. California MTUS guidelines indicate arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Furthermore, there should be documentation of symptoms other than simply pain such as locking, popping, giving way, recurrent effusion. The guidelines also suggest a surgical consultation in the event there is failure of exercise programs to increase range of motion and strength of the musculature around the knee. The documentation does not indicate a trial of nonoperative treatment with cortisone injections and an exercise rehabilitation program. ODG criteria for a diagnostic arthroscopy also include documentation of pre-operative conservative care. As such, the request for a repeat left knee diagnostic arthroscopy is not supported and the medical necessity of the request has not been substantiated.

**Post-Op Physical Therapy, 12 sessions,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): s 344 and 345.

**Decision rationale:** The requested surgery is not medically necessary. Therefore, the request for ancillary services is also not medically necessary.

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): s 344 and 345.

**Decision rationale:** The requested surgery is not medically necessary. Therefore, the ancillary services are also not medically necessary.

**Tramadol 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

**Decision rationale:** Opioids are not recommended as a first line therapy for osteoarthritis. California MTUS chronic pain medical treatment guidelines indicate short-term opioid use on a trial basis after there has been evidence of failure of first line nonpharmacologic and medication options such as acetaminophen or NSAIDs and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of failure or contraindications for use of first line medications. Long-term use is under study and so there is a lack of evidence to allow for a treatment recommendation. As such, weaning is recommended. In light of the above, the request for tramadol 50mg #60 is not supported and the medical necessity of the request has not been substantiated.

**Tramadol HCL ER 150 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

**Decision rationale:** Opioids are not recommended as a first line therapy for osteoarthritis. California MTUS chronic pain medical treatment guidelines indicate short-term opioid use on a trial basis after there has been evidence of failure of first line nonpharmacologic and medication options such as acetaminophen or NSAIDs and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of failure or contraindications for use of first line medications. Long-term use is under study and so there is a lack of evidence to allow for a treatment recommendation. As such, weaning is recommended. In light of the above, the request for tramadol hcl 150mg #30 is not supported and the medical necessity of the request has not been substantiated.