

<b>Case Number:</b>	CM15-0049686		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68-year-old female who sustained an industrial injury on 09/08/2011. Diagnoses include osteoarthritis of the lower leg, status post right knee arthroscopy and partial medical meniscectomy on 06/19/2012, mild degenerative changes in the right knee and persistent knee pain with continued functional deficit. Treatment to date has included surgery, medications, therapy and injections. A physician progress note dated 03/03/2015 documents the injured worker has ongoing discomfort in her right knee. Pain is intermittent aching sharp, stabbing, and throbbing pain and is rated as a 7-8 out of 10 with activity. She has weakness in the right knee. She ambulates with an antalgic gait and uses a straight cane. There is trace effusion in the right knee with tenderness to palpation of the patellofemoral and medial joint line. Crepitus is present with range of motion. McMurray's is positive medically. Recommended treatment is for right knee arthroscopy, a surgical assistant, 7-day rental of a Cold Compression Unit, Norco and post-operative physical therapy. Treatment requested is for 7 Days Rental of Cold Compression Unit, Norco 5/325mg # 60, and post-operative: 12 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for right knee pain. Authorization for diagnostic arthroscopic surgery is being requested. The claimant is not currently taking any opioid medication. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, the claimant is not taking any opioid medication and has not undergone the procedure being requested. Her post-operative level of pain and response to other treatments is unknown. Therefore the prescribing of Norco 5/325 #60 is not medically necessary.

**7 Days Rental of Cold Compression Unit:** 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) Treatment Index, 11th Edition (web), 2014, Shoulder, Continuous- flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy (2) Knee & Leg (Acute & Chronic) Game Ready.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for right knee pain. Authorization for diagnostic arthroscopic surgery is being requested. The claimant is not currently taking any opioid medication. Cold compression/ continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the request is consistent with guideline recommendations and therefore medically necessary.

**Post-Operative: 12 Physical Therapy visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for right knee pain. Authorization for diagnostic arthroscopic surgery is being requested. The claimant is not currently taking any opioid medication. In terms of physical therapy after knee arthroscopy, the duration and number of treatments recommended would depend on the findings at the time of the procedure. Requesting 12 therapy sessions is not medically necessary.

