

<b>Case Number:</b>	CM15-0066064		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 65-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 23, 2010. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve requests for Keflex, Vicodin, Colace, and 12 sessions of postoperative physical therapy for the knee. The claims administrator referenced a RFA form received on March 5, 2015 in its determination, along with a progress note dated January 21, 2015. The claims administrator apparently approved a meniscectomy and went on to partially approve and associated six sessions of postoperative physical therapy for the same. On December 24, 2014, the applicant reported moderate-to-severe 6-8/10 knee pain, exacerbated by standing, sitting, standing, walking, and kneeling. The applicant did not appear to be working with permanent limitations in place. Naproxen, Prilosec, Menthoderm, and a knee arthroscopy procedure were endorsed. On January 21, 2015, the attending provider reiterated his request for the knee arthroscopy procedure. In an associated RFA form dated February 15, 2015, 12 sessions of postoperative physical therapy, Keflex capsules, Vicodin, Colace, Phenergan, and preoperative laboratory testing were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** Yes, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was, in fact, concurrently given a prescription for Vicodin, a short-acting opioid, for postoperative use purposes. Providing Colace in conjunction with the same was, thus, indicated to combat any issues with opioid-induced constipation which may have arisen in conjunction with the same. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 77 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked. Therefore, the request was medically necessary.

**Vicodin ES 75/750mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**Decision rationale:** Similarly, the request for Vicodin, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicodin or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant could have reasonably or plausibly have been expected to have experience symptoms of pain in the moderate-to-severe range following planned knee surgery. Provision of Vicodin, thus, was indicated for postoperative use purposes. Therefore, the request was medically necessary. As with the preceding request, while this was a postoperative request as opposed to a chronic pain case, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS.

**12 post-operative physical therapy sessions for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Conversely, the request for 12 sessions of postoperative physical therapy for the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 12 sessions of treatment following planned knee meniscectomy surgery, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a2 to the effect that an initial course of therapy represents one-half of the total course of therapy for the specified surgery. An initial course of therapy, thus, here, is one-half of 12 or six treatments. The request for 12 postoperative physical therapy sessions at the outset of treatment, thus, represents treatment in excess of MTUS parameters. Therefore, the request was not medically necessary.

**Keflex 500mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious disease, Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Knee Disorders, page 458.

**Decision rationale:** Finally, the request for Keflex, an oral cephalosporin antibiotic, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of perioperative antibiotic usage. While the Third Edition ACOEM Guidelines Knee Chapter notes on Table 3, page 458 that the one-day usage of systemic antibiotics for applicants undergoing surgical knee procedures is "recommended," here, however, the 30-capsule supply of Keflex at issue suggests one week of usage at a rate of four times a day. Such usage, however, represents treatment above and beyond ACOEM parameters. No rationale for such a lengthy, protracted course of antibiotics was furnished here. Therefore, the request was not medically necessary.