

<b>Case Number:</b>	CM15-0087268		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/02/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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:

The injured worker is a 43-year-old female who sustained an industrial injury on 12/02/14. Injury occurred when she was coming back from break, tripped and fell on both knees and hands. Right knee x-rays showed no fractures, dislocations, effusion, or bone lesions. There was no significant osteoarthritis. Conservative treatment included physical therapy, pain medications, anti-inflammatory medications, and activity modification. The 1/6/15 treating physician report cited worsening knee pain, especially increased with prolonged standing at work. She was barely able to walk or bear weight due to pain. Physical exam documented abnormal gait with marked limp, tenderness on both joint lines and below the anterior patella, stable ligaments but pain with varus/valgus stress, and normal motor exam. Range of motion was limited to 90 degrees flexion. McMurray's was positive in both directions. Patellar tests were negative. The diagnosis was right knee contusion. The treatment plan recommended a knee splint. The 2/23/15 treating physician report cited persistent grade 7/10 right knee pain with inability to squat or knee due to pain. The injured worker had completed 6 visits of physical therapy. There as pain over the medial and lateral joint lines. She was 4'9 inches tall and 230 pounds. Physical exam documented range of motion 0-90 degrees, normal strength, and no effusion. The treatment plan recommended right knee MRI. The 3/10/15 right knee MRI impression documented a complex degenerative tear at the posterior horn of the medial meniscus with subluxation of meniscal tissue into the medial joint line. There was mild medial compartment arthrosis. There was mild patellofemoral compartment arthrosis. The 4/20/15 orthopedic initial report cited right knee pain, pain with bending, inability to fully squat, and inability to stand more than 30 minutes due to pain.

Physical exam documented anterior and medial knee tenderness. Diagnoses included derangement of posterior horn of medial meniscus and morbid obesity. The treatment plan included arthroscopic meniscectomy right knee. The injured worker was temporarily totally disabled. Authorization was requested for outpatient arthroscopic meniscectomy right knee, Hydrocodone 5/325mg (quantity unspecified), associated surgical service: crutches and post-op physical therapy for the right knee. The 4/27/15 utilization review non-certified the arthroscopic meniscectomy right knee and associated surgical requests as there was no evidence of mechanical symptoms, no evidence of provocative testing, effusion or swelling, and lack of adequate conservative treatment.

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

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

#### **Outpatient arthroscopic meniscectomy right knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. This injured worker presents with persistent function-limiting right knee pain. She was unable to bear weight on the right leg. Clinical exam findings are consistent with imaging evidence of a complex degenerative medial meniscus tear. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. There is significant functional loss that has not improved with conservative treatment and time. Proceeding with surgical intervention is reasonable. Therefore, this request is medically necessary.

#### **Hydrocodone 5/325mg (quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80 and 91.

**Decision rationale:** The California MTUS guidelines support the use of opioids on a short term basis for severe knee pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as normal-release or immediate-release opioids are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have been met for the post-operative use of Norco. However, this request does not specify the quantity prescribed which is required to establish medical necessity. Therefore, this request is not medically necessary.

**Associated surgical service: Crutches:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The post-operative use of crutches is consistent with guidelines. Therefore, this request is medically necessary.

**Post-op physical therapy right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**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. 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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.