

<b>Case Number:</b>	CM13-0031679		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/05/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 51-year-old female who was injured on July 5, 2010 when she stepped off of a ledge resulting in a twisting injury to her knees. Records indicate the claimant has now undergone two surgical arthroscopies to the right knee. Operative report for review dated August 27, 2012 indicates diagnostic arthroscopy, chondroplasty to the patella and medial and lateral meniscectomy performed. In regards to the claimant's left knee, recent clinical records include a November 12, 2013 assessment with [REDACTED] stating subjective complaints of bilateral knee pain stating she is utilizing Percocet for pain control. She continues to be with difficulty walking on uneven surfaces. Objective findings on that date show the right knee to be with 10 to 90 degrees range of motion and the left knee to be with 0 to 100 degrees range of motion with no other acute findings documented. The treating physician stated the previous request for a left knee arthroscopy and meniscectomy was denied by the insurance carrier. He describes her continued complaints of pain on a VAS score of 10 out of 10 stating recent treatment included physical therapy and injections to the knee have not been beneficial. He once again recommended the role of a knee arthroscopy with meniscectomy as well as continuation of medications in the form of Lidopro cream, Protonics, Percocet and Norflex. The treating physician documents a previous MRI scan of the left knee from July 24, 2012 showing degenerative tearing to the lateral meniscus with moderate degenerative changes of the patellofemoral joint and lateral tibial plateau. There was no documentation of plain film radiographs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy and meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 344-345.

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

**Decision rationale:** Based on California MTUS ACOEM Guidelines, surgical arthroscopy and meniscectomy in this case would not be indicated. The claimant's imaging is unavailable for review, but it is documented to note significant degenerative arthrosis noted to be "moderate" in nature. Guideline criteria do not recommend the role of meniscectomy in the setting of advanced degenerative arthrosis. The claimant's meniscal tearing was also noted to be degenerative in nature. The acute need of a surgical process at this stage in the claimant's clinical course of care, greater than three years from injury, would not be supported as necessary.

**Pre-op medical clearance to include: History and Physical; complete blood count; comprehensive metabolic panel; electrocardiogram and chest x-ray: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Polar care rental for 21 days: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Amoxicillin 875mg, #20: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran 8mg, #20:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Neurontin 600mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 and 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, Neurontin would not be indicated. Neurontin can be indicated as a reasonable course of care for neuropathic pain. In this case, the claimant is with mechanical complaints to the bilateral knees, not indicative of neuropathic pathology. This medication would not be indicated based on clinical records for review.

**ReJuveness (1 silicone sheeting to reduce scarring):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ELS ROM brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Flexeril 7.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain and Cyclobezaprine/Flexeril.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the role of Flexeril would not be supported. Muscle relaxants are only utilized as a second line option for short term use of up to four weeks. The role of continued use of muscle relaxants at this chronic stage in clinical course of care would not be indicated by long term randomized clinical trialing.

**Terocin patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111 and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, topical analgesic compound Terocin patches would not be supported. Terocin is a combination of Capsaicin, menthol and methyl salicylate. Capsaicin is only indicated as a second line agent where other forms of primary modalities have failed. Records do not indicate such. The role of this topical compound for which one agent is not supported is not supported as a whole.

**Functional Restoration program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 & 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 49.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, a functional restoration program would not be supported. Documentation in this case does not support recent

failed return to work attempts or recent advancement of activity. Recent attempts at primary form of conservative measures are not documented. The role of a specific functional restoration program at this stage in clinical course would not be supported.

**Physiatry consultation for medication usage: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the CA MTUS ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg. 127, Independent Medical Examinations and Consultations.

**Decision rationale:** Based on California ACOEM Guidelines, referral for physiatry consultation also would not be indicated. Clinical records fail to demonstrate significant physical examination findings or a current working diagnosis for which referral for physiatry would be indicated beyond current orthopedic treatment alone. It would be unclear at present as to what further intervention physiatry consultation would add to this claimant's chronic course of care for bilateral knee complaints.

**Right knee standing x-ray: 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), Treatment Index, 11th Edition (web) 2013, Knee and leg, radiography.

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

**Decision rationale:** California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, plain film radiographs of the right knee in this case would not be indicated. The claimant's diagnosis of underlying osteoarthritis to the knee following two prior knee procedures is well documented and supported. The role of an isolated standing radiograph to the right knee would not appear at present to change the claimant's current course of treatment. The specific request in this case would not be indicated.

**Left knee standing x-ray performed 9/9/13: 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), Treatment Index, 11th Edition (web) 2013, Knee and leg, radiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee procedure-radiography (x-rays).

**Decision rationale:** Based on Official Disability Guidelines, as California ACOEM and MTUS Guidelines are silent, the role of a plain film standing radiograph to the left knee in this case would not be indicated. The claimant's diagnosis is apparently well established from prior MRI scan which demonstrates understanding of osteoarthritis to the lateral patellofemoral compartment. An isolated standing radiograph does not appear to change the claimant's current course of care at present. The role of this intervention would not be indicated.