

<b>Case Number:</b>	CM14-0171347		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/20/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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. The expert 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 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/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:

According to the records made available for review, this is a 60-year-old female with a 5/20/04 date of injury. At the time (9/23/14) of request for authorization for Associated Surgical Service: Ibuprofen 600 mg # 90, there is documentation of subjective (right knee medial joint line pain radiating to the sub-patellar region with mild swelling) and objective (right knee medial and lateral joint line tenderness, positive McMurray's test of the right knee, decreased right knee range of motion, and mild patellar instability with patellofemoral crepitation) findings, imaging findings (Reported MRI of the right knee (9/12/13) revealed complex tear of the medial meniscus with extrusion of the meniscus and resultant grade III to IV chondromalacia of the medial compartment; areas of full-thickness cartilage fissuring with subchondral marrow signal abnormality; high signal intensity noted in the anterior cruciate ligament, consistent with low-grade sprain; low grade partial thickness tear of the tendon of the medial head of the gastrocnemius; and full-thickness cartilage loss of the apex of the patella; report not available for review), current diagnoses (right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation), and treatment to date (knee brace, activity modification, and Celebrex). Medical report identifies a request for right knee arthroscopic meniscectomy and debridement, and Ibuprofen for postoperative use. There is no documentation of a pending surgery that is authorized or certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Ibuprofen 600 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of right knee medial compartment osteoarthritis and meniscal tear with history of patellar dislocation/subluxation. In addition, there is documentation of a request for right knee arthroscopic meniscectomy and debridement, and Ibuprofen for postoperative use. However, there is no documentation of a pending surgery that is authorized or certified. Therefore, based on guidelines and a review of the evidence, the request for Associated Surgical Service Ibuprofen 600 mg # 90 is not medically necessary.