

<b>Case Number:</b>	CM15-0017709		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New York, New Hampshire, Washington  
 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 42 year old female, who sustained an industrial injury on 3/24/2011. The diagnoses have included right anterior horn lateral meniscus tear, right patellofemoral trochlear arthroplasty with suspicion of failure of patellar component and left knee anterior horn tear of the meniscus. Treatment to date has included pain medications and corticosteroid injections to knees. According to the visit note dated 9/8/2014, the injured worker complained of bilateral knee pain. On the right, she had problems with standing and walking with a sharp, stabbing, annoying pain located in her anterior posterior knee radiating into her lateral leg and sometimes her foot. The injured worker had left knee pain in globalized anterior and medial lateral aspect. She had popping, locking and clicking and intermittent effusion. Physical exam revealed tenderness to palpation over the medial and lateral joint line. The recommendation was for arthroscopic surgery to address both her left and right tears of her anterior horns of her lateral menisci. A progress note dated 11/13/2014 notes that knee pain was rated 8/10. Pain symptoms were adequately managed with medications. She was also seeing a pain psychologist. It was noted that she was a surgical candidate and wanted to have the surgery. On 1/16/2015, Utilization Review (UR) modified a request for right knee arthroscopic meniscal repair of the anterior horns of the lateral meniscus to the arthroscopy only with meniscal treatment. UR non-certified a request for revision of the right knee prosthesis and a request for Norco 10/325mg #60. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthroscopic Meniscal Repair of the Anterior Horns of the Lateral Meniscus:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-355. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery- Meniscectomy, and Chondroplasty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-352.

**Decision rationale:** 42 yo female with chronic knee pain. The medical records do not show clear diagnosis of meniscal tear that clearly correlates with exam showing meniscal tear. MTUS criteria for knee scope and meniscal repair not met.

**Revision of the Right Knee Prosthesis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation New IDSA Guidelines Aim to Reduce Death, Disability and Cost of Prosthetic Joint Infections, Official Disability Guidelines (ODG) Revision TKA

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-352.

**Decision rationale:** The medical records do not demonstrate radiographic evidence of loosening of the prosthesis. Physical exam does not correlate with imaging studies to establish the diagnosis of loose prosthesis. MTUS guidelines for knee surgery not met.

**Norco 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-84.

**Decision rationale:** MTUS guidelines do not recommend opioids for chronic pain. The records do not show previous functional improvement with opioids. Also, not needed post-op since surgery not needed.