

<b>Case Number:</b>	CM15-0116972		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: California, Indiana, Oregon  
 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 26 year old female who sustained an industrial injury on 09/08/2011 resulting in pain to the right knee and ankle. Treatment provided to date has included: right knee meniscus repair (2013), physical therapy (unknown # of sessions); acupuncture (unknown # of sessions); unknown right knee injections; medications; and conservative therapies/care. Diagnostic tests performed include: MRI of the right knee (2015) showing intact bones, ligaments, tendons, muscles and menisci, a 3mm grade II chondromalacia involving the lateral aspect of the medial facet of the right patella, small right knee joint effusion, and moderate scar tissue in the right infrapatellar fat pad from a prior right knee surgery. There were no noted comorbidities or other dates of injury noted. On 04/14/2015, physician progress report noted complaints of constant swelling and end of the day pain to the right knee. The pain was rated 3/10 in severity. Current medications include Pamelor and Motrin. The physical exam revealed no appreciable effusion or Baker's cyst, negative compression, Lachman's, McMurray's and drawer tests, no laxity with a valgus and varus stress test bilaterally, positive tenderness at the right medial or lateral joint line, and good patellar tracking. The provider noted diagnoses of right patellofemoral syndrome and iliotibial band syndrome. Plan of care includes refills on Pamelor and Motrin and closing of case; however, an encounter (dated 04/30/2015) states the injured worker is returned to the treatment phase of care. A physician letter dated 05/23/2015, states that the injured worker was referred to and seen in his clinic on 05/22/2015. This exam report was not provided; however, the letter details the findings noted on that exam. These findings included: a right knee range of motion of 0 to 130 degrees, no patella instability,

positive significant patellofemoral crepitation and an almost clunking sensation from 0 to 30 degrees more along the superolateral aspect of the patella, medial and lateral joint line tenderness and no instability; and plain radiographs showed mild arthritic changes to the patellofemoral joint. The assessment was noted as: right knee internal derangement with patellofemoral arthritis. The plan included repeat arthroscopy with possible lateral release. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: right knee meniscectomy and debridement; 16 sessions of post-operative physical therapy for the right knee; post-operative Keflex 500mg one per day for 4 days #4, post-operative Zofran 4mg one every 4-6 as needed for nausea #10, post-operative ibuprofen 600mg one with food 3 times per day #90, post-operative Colace 100mg one capsule twice daily #10, post-operative Norco 4.5/325mg 1-2 every 4-6 hours as needed for pain #50, and post-operative vitamin C 500mg one daily #60.

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

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

**Right knee meniscectomy and debridement: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the MRI does not show clear evidence of meniscus tear. The request is not medically necessary.

**Post operative physical therapy twice a week for eight weeks: 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.

**Post operative Keflex 500mg #4, one cap po QID: 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.

**Post operative Zofran 4mg #10, 1 po q 4-6 hours prn nausea:** 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.

**Post operative Ibuprofen 600mg #90, 1 po with food TID:** 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.

**Post operative Colace 100mg #10, one cap PO BID:** 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.

**Norco 7.5/325mg #50, 1-2 PO Q 4-6 hours PRN pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

**Vitamin C 500mg #60, 1 PO QD:** Upheld

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

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

**Decision rationale:** CAMTUS/ACOEM is silent on the issue of vitamin c supplementation. Per ODG wrist, vitamin C is recommended after wrist fracture to lower the risk of RSD. In this case the use scenario is outside of guidelines since the procedure is not medically necessary. Therefore the request is not medically necessary.