

<b>Case Number:</b>	CM15-0049109		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 51 year old female who sustained an industrial injury on 01/13/2010. Her diagnoses, and/or impressions, include: medial and lateral meniscus tears: right knee; chondral lesion, medial femoral condyle; patellofemoral arthritis: right knee; and osteoarthritis: right knee. Her treatments have included right knee surgery (2010); right knee arthroscopy (1/2011); right knee Synvisc hyaluronic acid injection therapy (2nd set of 3 injections approved on 1/19/2015); ultrasound of the right knee (2/10/15); aspiration of the right knee followed by an injection (2/11/15); and medication management. The injured worker presented on 02/11/2015 for a follow-up evaluation. It was noted that the injured worker had been previously treated with a series of Synvisc injections, which caused a development of effusions that required repeated drainage. The injured worker was status post left knee arthroscopy, medial compartment hemiarthroplasty of the left knee, and right knee arthroplasty. The current medication regimen includes Motrin and Norco. Upon examination, there was a fairly tense effusion of the right knee with no evidence of infection. Neurologic examination was within normal limits. A diagnostic ultrasound of the right knee was performed in the office on that date, and revealed a large intra-articular effusion. Treatment recommendations at that time included ultrasound guided aspiration of the right knee effusion. The physician indicated he would discontinue the injured worker's Synvisc injections and proceed with an arthroscopy with debridement. A Request for Authorization form was then submitted on 02/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee debridement meniscectomy QTY: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. In this case, it is noted that the injured worker has exhausted conservative treatment in the form of medication and injections. However, there is no documentation of a recent attempt at any conservative management in the form of active rehabilitation. In addition, there were no official imaging studies provided for this review. Given the above, the request is not medically necessary.

**Pre-operative appointment: 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.

**Tramadol HCL/Acetaminophen 37.5/325mg QTY: 120.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker is currently utilizing Motrin and Norco. There is no indication that this injured worker is actively utilizing the above medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Naproxen 550mg QTY: 120.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for review the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker was actively utilizing Motrin. The medical necessity for two separate NSAIDs has not been established. Guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically necessary.