Case Number:	CM17-0015957		
Date Assigned:	01/31/2017	**Date of Injury:**	10/24/2016
Decision Date:	02/28/2017	**UR Denial Date:**	01/06/2017
Priority:	Standard	**Application Received:**	01/24/2017

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,Texas
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:

This case involves a now 60-year-old male with a history of an occupational claim from 10/24/2016. The mechanism of injury is detailed as a slip and fall. The current diagnosis is documented as left knee medial and lateral meniscus tear. Past treatments included activity modification, medications, and diagnostic studies. Medications included acetaminophen and ketoprofen. A left knee MRI performed on 4/19/2016 documented left knee has a longitudinal horizontal tear of the body and posterior horn of the medial meniscus, tear of the body posterior horn of the from a discoid lateral meniscus, tricompartmental osteoarthrosis, small joint effusion, mucoid degeneration of the anterior cruciate ligament, remote sprain of the tibial collateral ligament and fibular collateral ligament. On 12/22/2016 the patient complained of left knee pain. The physical examination of left knee revealed notable swelling with effusion. There was no gross laxity noted. Range of motion of left knee was noted to be decreased with flexion 100° in extension at 0°. The patient also had medial joint line tenderness. The patient had negative provocative testing with intact motor and sensory examination. The treatment plan included a request for an arthroscopy of the left knee and ibuprofen. A request for authorization was not submitted for review. The request was previously reviewed on 12/22/2016. The requested surgery was previously denied due to lack of documentation the patient is undergone a full course of conservative management lack of clarification specific procedures provider plans to perform during the arthroscopy. Additional clinical documentation submitted for review included an updated progress report performed on 01/12/2016. The patient complained of left knee pain the physical examination left knee reveal mild swelling without effusion or gross

laxity. Range of motion of the left knee was noted with flexion 135° extension at 0°. The patient had mild tenderness on palpation. The patient also had a positive McMurray's grind sign on examination the patient had intact motor and sensory function. The treatment plan included surgery for the left knee to be performed arthroscopically and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter Indications for surgery.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: According to the ACOEM Guidelines, surgical consultation may be indicated for patients who have significant limitations of activity lasting more than 3 months; have failed to improve with conservative care; and have clear clinical and electrophysiological or imaging evidence of a lesion that would benefit from surgical intervention. The patient was noted to have left knee pain complaints with a horizontal tear of the body and posterior horn of the medial meniscus discoid lateral meniscus on imaging. However, there was lack of clinical documentation indicating the patient has exhausted adequate conservative treatments to include physical therapy and injections. The request as submitted also failed to specify the type of procedures to be performed during the arthroscopy. Based on the above, the request is not medically necessary.

Pre-op Clearance: 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: As the requested surgical intervention is not medically necessary per the documentation, the requested ancillary service is not medically necessary.

Motrin 600mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are indicated for osteoarthritis including knee and hip. NSAIDs are also recommended at the lowest dose and shortest period to treat moderate to severe pain. Patients should also have had an initial therapy of acetaminophen for mild to moderate pain. The patient was noted to have been utilizing acetaminophen and ketoprofen since at least 2016 and provided Ibuprofen on 12/22/2016. However, there was lack of quantifiable objective functional improvement or reduction in symptoms from NSAID use. There was also lack of clinical documentation for continued use as NSAIDs are recommended at the lowest dose and shortest period due to increased cardiovascular and hepatic risk factors. In addition, there was lack of a clear rationale for additional NSAIDs on top of acetaminophen and ketoprofen without evidence of failure. Based on the above, the request is not medically necessary.