

<b>Case Number:</b>	CM13-0001252		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/16/2005
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 42 year old that is status post industrial injury 4/16/05, status post knee arthroscopy with meniscal debridement, and status post 6 visits of postoperative physical therapy without documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 post-operative physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, the patient underwent the recommended 6 visits of post surgical therapy visits. There is lack of documentation of functional improvement therefore the additional 6 visits is not medically necessary and therefore is non-certified.

**Vital wear hot/cold unit and pads (2):** Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM guidelines are silent on the issue of continuous flow cryotherapy. According to the Official Disability Guidelines regarding cold therapy, "Continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. There is limited information to support active vs. passive cryo units. [REDACTED] considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better nighttime pain control and improved quality of life in the early period following routine knee arthroscopy. Two additional RCTs provide support for use after total knee arthroplasty (TKA). Cold compression reduced blood loss by 32% and pain medication intake by 24%. It improved ROM and reduced hospital stay by 21%." As there is no specific length of use of the Vital wear wrap, the determination is for non certification.

**Pre-op chest x-ray:** 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).

**Decision rationale:** There is lack of documentation in the medical record for need or request for preoperative chest x-ray. Therefore the determination is for non certification.

**Pre-op urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** There is lack of medical necessity in the medical records regarding the need for preoperative urinalysis. Therefore the determination is for non-certification.

**Vicodin 5/500mg #45:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines Vicodin is an opioid analgesic and is not recommend as a first-line therapy for osteoarthritis. Short-term use: Recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Also recommended for a trial if there is evidence of contraindications for use of first-line medications. Weak opioids should be considered at initiation of treatment with this class of drugs (such as Tramadol, Tramadol/acetaminophen, hydrocodone and codeine), and stronger opioids are only recommended for treatment of severe pain under exceptional circumstances (oxymorphone, oxycodone, hydromorphone, fentanyl, morphine sulfate). Benefits of opioids are limited by frequent side effects (including nausea, constipation, dizziness, somnolence, and vomiting). (Stitik, 2006) (Avouac, 2007) (Zhang, 2008). There is lack of medical necessity in the medical records to utilize Vicodin and therefore the determination is non certification.

**Celebrex 200 mg #60 with 3 refills:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors (e.g. Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen) (Homik, 2003). For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk. There is no evidence in the medical records of the treating physician requesting Celebrex and no documented risk of GI complications, therefore the determination is non-certification.

**Lidoderm film 5% #14 with 2 refills:** Upheld

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

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, the use of Lidoderm is not a first line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case there is lack of documentation of medical necessity for Lidoderm patch and the determination is non-certification.

**Euflexxa 1% solution, 10mg/ml, 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

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

**Decision rationale:** The use of viscosupplementation is supported in the medical literature, however additional high quality studies are lacking to demonstrate its efficacy for patellofemoral pathology only. Per Official Disability Guidelines: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; In this case there is lack of documentation in the record of severe osteoarthritis of the knee to warrant viscosupplementation injections. Therefore the determination is for non certification of the use of Euflexxa.