

Case Number:	CM13-0034601		
Date Assigned:	12/11/2013	Date of Injury:	09/07/2006
Decision Date:	09/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Connecticut. 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/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:

After careful review of the medical records, this is a 53 year old female with complaints of left knee pain. Date of injury is 9/7/06 and no mechanism of injury is given. At the time of request for the following: 1. physical therapy for the left knee x 12 sessions 2. lateral J knee sleeve/brace 3. Orthovisc injections x 3 4. Norco 10/325 #60 w/ 2 refills 5. Ultram 50mg #60 w/ 3 refills, there is documentation of subjective (knee pain), objective (crepitus with range of motion, positive patellar compression pain, mild loss of extension) imaging findings (MRI of the left knee dated 6/22/13 shows quadriceps tendinosis with partial tear at the patellar attachment and full thickness chondral fissuring and chondral loss involving the medial patellar facet and median ridge with subchondral edema, postoperative changes), diagnoses (patella chondromalacia, derangement of medial meniscus and lateral meniscus), and therapeutic/diagnostic treatment to date (physical therapy, surgery, medications). As the patient has had an extensive history of previous surgery and physical therapy, re-education for home therapy may be the recommended course. There is documented pain and instability on examination. In the context of a reconstructed ligament with evidence of a torn quadriceps tendon, it seems reasonable and appropriate for knee stabilization. As the stated diagnoses and exam findings seem to support a patellofemoral syndrome, therefore intra-articular hyaluronic acid injections are not medically indicated. There is no documentation of efficacy of treatment for either Tramadol or Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: This patient has had an extensive history of previous surgery and physical therapy. Per MTUS-ACOEM and Chronic Pain Medical Treatment Guidelines, with the history of previous ligament repair and continued instability and pain, a few physical therapy sessions geared for education and home therapy may be medically necessary. However, in this case, the requested 12 sessions of physical therapy are excessive for this patient. Therefore, the requested 12 physical therapy sessions are not medically necessary or appropriate.

A lateral J knee sleeve/brace: Overturned

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) Knee and Leg <Knee Bracing>.

Decision rationale: Per ODG guidelines, the recommendations are for knee joint stabilization in the setting of knee instability and ongoing pain. There is documented pain and instability on examination. In the context of a reconstructed ligament with evidence of a torn quadriceps tendon, it seems reasonable and appropriate for knee stabilization.

A series of three Orthovisc injections: 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) <Insert Section (for example Knee)>.

Decision rationale: Per ODG guidelines, as stated "While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain)". As the stated diagnoses and exam findings seem to support a patellofemoral syndrome, therefore intra-articular hyaluronic acid injections are not medically indicated.

Norco 10/325mg #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids> Page(s): 76-78.

Decision rationale: Per MTUS-chronic pain medical treatment guidelines, recommendations for prescribing opioids are for structured follow up to document efficacy of pharmacologic treatment as well as adverse effects including any misuse of medications. Good practice is for a medication contract to be established and urine drug testing to be completed randomly while the patient is taking opioids. As there is no documentation and establishment of a structured opioid prescription treatment plan or proof of efficacy of the drug, Norco 10/325#60 is not medically necessary.

Ultram 50mg #60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids> Page(s): 76-78.

Decision rationale: Tramadol (Ultram) has mu-agonist activity as well tri-cyclic characteristics and should be managed according to guidelines set for the prescribing of opioids. There are many documented cases of dependency and abstinence syndrome associated with Tramadol. Per MTUS-Chronic Pain Medical Treatment Guidelines, establishment of a structured opioid prescribing program is strongly recommended. As there is no documentation of efficacy of treatment with Ultram, this medication is not medically necessary.