

Case Number:	CM13-0038560		
Date Assigned:	12/18/2013	Date of Injury:	05/03/2008
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopaedic 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 49-year-old male who reported an injury on 05/26/2008. The patient is currently diagnosed with chronic bilateral knee pain. The patient was recently seen by [REDACTED] on 10/25/2013. The patient reported persistent left knee pain. Physical examination was not provided. Treatment recommendations included continuation of current medications and an additional request for arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total knee replacement: 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), Indications for Surgery - Knee arthroplasty.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral for a surgical consultation may be indicated for patients who have activity limitations for more than 1 month and the failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines state prior to a knee

arthroplasty, patients should undergo conservative treatment with exercise therapy and medications as well as NSAIDs or viscosupplementation or steroid injections. There should be subjective clinical evidence of limited range of motion of less than 90 degrees, nighttime joint pain and a failure to respond to conservative treatment with documentation of functional limitations. Upon imaging studies, there should be evidence of osteoarthritis or a previous arthroscopy documenting advanced chondral erosion or exposed bone. As per the clinical notes submitted, there is no documentation of a physical examination of bilateral knees by [REDACTED]. It was noted that the patient's total knee replacements were recommended by an orthopedic surgeon, [REDACTED]. However, documentation of [REDACTED] reports or physical examination findings was not provided for review. There were no imaging studies or standing x-rays submitted for review to corroborate a diagnosis of osteoarthritis. There was also no evidence of a failure to respond to previous conservative treatments, including physical therapy, home rehabilitation exercises, medications or viscosupplementation and/or steroid injections. Based on the clinical information received, the request is non-certified.

Oxy IR 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

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

Decision rationale: The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report severe bilateral knee pain. The patient has been unable to work in any capacity due to the severe bilateral knee pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. Therefore, the request is non-certified.

Ibuprofen 600mg #120 with three (3) refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized ibuprofen 600 mg. Despite the ongoing use, the patient continues to report severe bilateral knee pain and has been

unable to work in any capacity. A satisfactory response to treatment has not been indicated. As the guidelines do not recommend the chronic use of NSAID medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Klonopin 1mg #90: 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 Page(s): 24.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. It is noted that the patient continued utilizing Klonopin due to anxiety. However, despite the ongoing use, the patient does not report functional improvement. As guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate. Additionally, the California MTUS Guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received, the request is non-certified.

Lisinopril/HCTZ 20/25 #30 with five (5) refills: 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) Diabetes Chapter, Hypertension Treatment.

Decision rationale: The Official Disability Guidelines state hypertension treatment is recommended as a step therapy following lifestyle modifications with diet and exercise. As per the clinical notes submitted, there is no evidence of chronic hypertension. There was no documentation of vital signs obtained at each office visit, to include blood pressure and heart rate. There was also no evidence of a failure to respond to lifestyle modifications with diet and exercise prior to the initiation of a prescription medication. The medical necessity has not been established. Therefore, the ongoing use cannot be determined as medically appropriate. Therefore, the request is non-certified.