

Case Number:	CM13-0046935		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2010
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 61-year-old female who was injured on 02/04/10. The clinical records for review indicated that she was status post a prior left knee arthroscopy in April of 2011 and also had complaints of low back pain. The 09/10/13 assessment by orthopedic surgeon, [REDACTED], [REDACTED], documented that the claimant had a working diagnosis of lumbar stenosis, lumbar spondylosis, right knee complex tear to the lateral meniscus, right knee tricompartment osteoarthritis, status post right knee arthroscopic meniscectomy and debridement, and left knee internal derangement. Objectively, there was lumbar tenderness to palpation, pain over the spinous processes, and a knee examination with bilateral tenderness both medially and laterally, and no other significant findings. The claimant was to continue with conservative care. Treatment recommendations were for use of medications in the form of Tramadol, Cartivisc, BioCore pads to the knee, and an orthopedic reevaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg per 9/10/2013 RX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Tramadol (Ultram). Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Tramadol (Ultram) Page(s): 91-94.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, continued use of Tramadol would not be indicated. Chronic Pain Guideline criteria indicates that Tramadol is not recommended for treatment beyond 16 weeks of use. Based upon the medical records, the claimant has been utilizing the medication for a longer period of time. Its continued role in this case, particularly in regard to the diagnosis of degenerative changes to the knee, would not be supported.

Cartivisc 500/200/150mg per 9/0/2013 RX: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adverse effects of coumarone anticoagulants - <http://www.ncbi.nlm.nih.gov/pubmed/8260120>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, Cartivisc, a form of Glucosamine and Chondroitin sulfate, would appear warranted. The claimant's current diagnosis includes degenerative changes to the knees. The role of Glucosamine Chondroitin sulfate is supported for the underlying diagnosis of knee degenerative changes.

BioCare pads bilateral knees per 9/10/2013 RX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee and Leg (updated 06/07/2013)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Durable medical equipment (DME)

Decision rationale: The use of BioCare pads to the knees would not be indicated. The CA MTUS Guidelines are silent. Based on Official Disability Guidelines criteria the use of durable medical goods is indicated when it serves a medical purpose and is not only for convenience. Based upon the records provided it is not clear how this modality serves a medical purpose. The role of pads for the bilateral knees would be indicated for use in a person with or without absence of injury or illness. This would be a standard of life device that can be utilized in any type of compromised situation to the knee. This specific role of this device for the claimant's work related injury would not be supported.

Orthopedic re-evaluation per 9/30/2013 exam: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Office visits

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, orthopedic reevaluation would appear warranted. The claimant, with continued complaints of chronic pain, remains symptomatic. The continued role of follow up from an orthopedic perspective would appear to be medically necessary.