

Case Number:	CM13-0071741		
Date Assigned:	01/08/2014	Date of Injury:	04/23/1999
Decision Date:	04/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine 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 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:

The patient is a 51 year old male who was injured on 04/23/1999 while stepped into a hole and twisted and fell and injured his low back and right knee. Prior treatment history has included medications: 1. Gabapentin 2. Lyrica 3. Zolpidem 5 mg every other night. 4. Gralise 5. OxyContin 6. Ultram-ER The patient had a spinal cord stimulator implant in 2010 with revised placement performed on 04/11/2011. Diagnostic studies reviewed include EMG/NCV dated 12/07/2005 of the lumbar spine and lower extremities. Nerve conduction studies normal. Absent left H reflex, denervation in the L5-S1 innervated muscles and left S1 radiculopathy. MRI of the lower extremity w/o contrast dated 02/14/2006 revealed degenerative signal posterior medial meniscus, did not appear to articulate with the inferior surface, doubt a tear present. No other significant abnormalities though there might be a strain of anterior cruciate ligament. MRI of right knee w/o contrast dated 08/08/2001: 1) Linear type signal posterior horn medial meniscus, no discrete medial meniscus tear. 2) Some degenerative changes with medial compartment joint space, with some joint space narrowing along with some minor osteophytic changes. X-ray of bilateral knees dated 07/26/2012: 1) Mild joint space narrowing medial compartment both knees likely degenerative in nature and tiny marginal osteophyte arising from right patella. 2) Well preserved joint spaces otherwise. 3) No acute fracture or malalignment. 4) No right knee fusion. There is a urine toxicology report showing positive for oxycodone, noroxycodone and oxymorphone. There is no documentation for denial of surgical intervention from Genex. Progress note dated 12/24/2013 documented the patient to have complaints of pain radiating into the legs bilateral, pain radiating to the right ankle. Right knee pain has known OA and states he has been trying to get authorization for TKA for one year via his orthopedic surgeon and had a collagen injection to try to mitigate some surgery. He has sharp, tingling, zinging pain with constant tingling paresthesias. Pain level with meds is 4/10, without meds 9/10, there is

interference of sleep. Pain less well controlled with Tramadol ER vs. OxyContin but he is interested in further trial. A review of records shows he reports at his visit of 02/27/2013 a denial for our requested ESI to address his increased pain. Aggravating factors are bending over, twisting in any position. Objective findings on exam included he has weak limbs and tingling in buttocks on the left and right heel. Examination of bilateral knees shows global increased size of the right knee versus the left, no effusion or erythema. Neurological exam reveals sensation abnormal. DTR's 2+ bilaterally throughout. Diagnoses: 1. Lumbar post-laminectomy syndrome 2. Disorders of initiating and maintaining sleep. 3. Degeneration of lumbar intervertebral disc 4. Knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative (R) knee cooling unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery and Official Disability Guidelines Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 44.

Decision rationale: "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." ODG - Continuous-flow cryotherapy - Recommended as an option after surgery, but not for nonsurgical treatment. The medical records documents bilateral knee x-rays revealed mild joint space of the medial compartments and otherwise well preserved joint spaces. The patient would not be a surgical candidate. According to the Official Disability Guidelines, continuous cryotherapy devices are not recommended for non-surgical treatment. The ACOEM guidelines state musculoskeletal symptoms can be managed with a combination of heat or cold therapy. It is reasonable that standard cold packs can be utilized to provide cryotherapy. A cooling unit is not medically necessary.

Post-operative right knee CPM unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery and Official Disability Guidelines Knee and Leg.

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, Continuous passive motion (CPM).

Decision rationale: Continuous passive motion (CPM) - recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if in patient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) Complex regional pain syndrome; (b) Extensive arthrofibrosis or tendon fibrosis; or (c) Physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. The medical records do not demonstrate the patient is a candidate for knee replacement, ACL reconstruction, or ORIF of fracture involving the knee joint. The patient's x-rays obtained on 07/26/2012 revealed only mild medial compartment joint space narrowing of the bilateral knees, and otherwise well persevered joint spaces. Since this patient has not undergone any of the surgical procedures for which a CPM rental may be recommended in the postoperative setting, a CPM is not appropriate or medically necessary for this patient.

Right knee preoperative clearance including lab work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines Perioperative Cardiovascular Evaluation and Care for Non-cardiac Surgery and Official Disability Guidelines Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The guidelines state preoperative testing is often performed before surgical procedures. The medical records do not establish the patient has been authorized for surgery. Consequently, preoperative clearance is not indicated.