

Case Number:	CM14-0007334		
Date Assigned:	02/10/2014	Date of Injury:	05/14/2008
Decision Date:	07/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 51-year-old male who reported an injury on 05/14/2008. The worker was injured when he got caught getting out of a tractor in the field. He had diagnoses of arthrofibrosis to the right knee, status post tibial plateau fracture to the right knee, multilevel disc bulges to the lumbar spine, radiculopathy of the lumbar spine clinically, internal derangement recurrent to the right knee, postprocedural status right knee arthroscopy, and postprocedural status lumbar spine fusion. Previous treatments were noted to be medications and acupuncture. The injured worker had a clinical evaluation on 01/16/2014, where he reported complaints of pain in his lower back rated at 7/10 on a pain scale. He stated that the pain was constant, sharp, and throbbing, radiating down the backs of his bilateral legs. He stated that he felt weak in his legs. He stated his right knee pain was rated 7/10, and described the pain as constant, aching, and throbbing, with radiation of pain down the leg and up towards the thigh, depending on what he was doing. He reported that he got spasms because he was unable to fully extend his knee. The clinical evaluation indicated vital signs within normal limits. On examination the injured worker continued to have extremely limited range of motion of the lumbar spine. Range of motion to the lumbar spine was documented as follows: Flexion was 20 degrees, extension was 10 degrees, right lateral flexion was 15 degrees, and left lateral flexion was 15 degrees. Range of motion to the right knee was flexion was 80 degrees, extension was 15 degrees. It is noted he lacked a full 15 degrees of extension. It was also noted that he literally walked on tiptoes because he could not extend his right knee. Any manipulation of the right knee caused the injured worker extreme pain due to arthrofibrosis. The treatment plan included refilling medications ibuprofen and fomatidine. There was a request for authorization dated 12/04/2013 for magnetic resonance arthrogram of the right knee, and also for neurosurgery consultation. There was not a request for authorization for naproxen 550 mg quantity 60 with 2 refills or

tramadol 50 mg quantity 60 with 2 refills. The documentation provided does not provide a rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE (MR) ARTHROGRAM OF THE RIGHT KNEE: 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), Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography.

Decision rationale: CA MTUS/ACOEM states MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines recommend an arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for meniscal resection of more than 25%. In the study for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. The injured worker was seen on 01/16/2014 with complaints of right knee pain and objective observation of limited range of motion. The diagnoses were arthrofibrosis, right knee, status post tibial plateau fracture of the right knee, internal derangement recurrent of the right knee, and postprocedural status right knee arthroscopy dated 01/14/2009. The evaluation did not indicate any suspected residual or recurrent tear of the right knee. There is a lack of documentation indicating significant findings of deficits in the knee upon examination which would indicate the injured workers need for an arthrogram. Therefore, due to lack of significant evidence to suspect that an MR arthrography would be necessary to diagnose a residual or recurrent tear, the request for magnetic resonance arthrogram of the right knee is not medically necessary.

NEUROSURGERY CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The injured worker was evaluated on 01/16/2014, with complaints of pain in his low back rated at a 7/10. The injured worker stated that the pain was constant, sharp and throbbing, radiating down the backs of his bilateral legs. On examination it was noted that the

injured worker continued to have extremely limited range of motion of the lumbar spine. The injured worker is postprocedural status lumbar spine fusion dated 09/01/2011. Diagnoses of multilevel disc bulges to the lumbar spine, radiculopathy to the lumbar spine are both indicated in this evaluation. The treatment plan included refill of medications, ibuprofen 800 mg for pain and inflammation, and the injured worker may return to work with restrictions. The evaluation on 01/16/2014 is the most recent evaluation submitted with this review. There is no evidence or documentation noted for a need for neurosurgery consultation based on the documentation provided. CA MTUS/ACOEM states a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation provided failed to provide evidence of neurological deficits to support the necessity of the consultation. Therefore, the decision for neurosurgery consultation is not medically necessary.

NAPROXEN 550MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines naproxen Page(s): 66.

Decision rationale: California MTUS chronic pain medical treatment guidelines indicate naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The injured worker presented for a physical evaluation on 01/16/2014. At that time the injured worker rated his back pain at 7 out of 10, and his right knee pain also 7 out of 10. The physical examination notes the injured worker is no acute distress. The examination also notes the injured worker has limited range of motion of the lumbar spine. This exam included a treatment plan for a refill of medications. It is not indicated in the exam that there is a need for naproxen. It also is not indicated in the diagnosis that the injured worker has a diagnosis of osteoarthritis. The decision for naproxen 550 mg quantity 60 with 2 refills fails to indicate a frequency with that dose. Therefore, due to lack of documentation to support the medical necessity for naproxen, the request for naproxen 550 mg quantity of 60 with 2 refills is not medically necessary.

TRAMADOL 50MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75.

Decision rationale: The California MTUS chronic pain medical treatment guidelines indicate tramadol is reported to be effective in managing neuropathic pain. The injured worker had a clinical evaluation on 01/16/2014, where he did report pain that radiates down the backs of his legs bilaterally. The injured worker also has a diagnosis noted in that exam of radiculopathy to the lumbar spine. The treatment plan for that evaluation includes a refill of ibuprofen 800 mg for baseline pain and inflammation. There is no indication in the clinical note that tramadol is being ordered for the injured worker for managing neuropathic pain. The decision for tramadol 50 mg quantity of 60 with 2 refills lacks a frequency of the dosage. Additionally, refills of the medication would not be indicated without an assessment of the efficacy of the medication being demonstrated. Therefore, the request for tramadol 50 mg quantity 60 with 2 refills is not medically necessary.