

Case Number:	CM14-0108583		
Date Assigned:	08/01/2014	Date of Injury:	05/29/2009
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas and Oklahoma. 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 62-year-old male who reported an injury on 05/29/2009 due to a fall off a ladder when trimming some trees. The injured worker has diagnoses of right knee medial meniscus tear, right knee osteoarthritis, left knee medial meniscus tear, left knee osteoarthritis, and left knee Chondromalacia patella. The injured worker has undergone 20 sessions of physical therapy, chiropractic therapy, 10 injections, and medication therapy. Medications include Norco 10/325 mg, 1 tablet 2 times a day, and Terocin patches. The duration was not submitted for the medications. X-ray of the right knee obtained on 06/05/2014 demonstrated moderate three compartment osteoarthritis, and x-ray of the left knee obtained on 06/05/2014 revealed moderate three compartment osteoarthritis as well. The injured worker is status post right knee arthroscopy 2008, 2010, and left knee arthroscopy in 2010. The injured worker complained of right knee pain. He described it as being all over the medial and lateral joint lines. He reported a popping in the medial aspect of the knee. There was no measurable pain level documented in the submitted report. The injured worker also reported pain in the left knee, and stated that the pain was over the medial and lateral joint lines. He reported cramping in the calf and soreness in the knee. There was numbness when sitting for long periods of time. There was no measurable level of pain documented. Physical examination dated 06/05/2014 revealed that there was no swelling, deformity, or effusion bilaterally at the right knee. Range of motion revealed that the injured worker had a flexion of 110 degrees and an extension of 0 degrees. There was tenderness to palpation over the medial and lateral joint lines. There was no skin hypersensitivity. There was also no pain with range of motion. Apprehension, Apley's compression, Lachman's, and anterior and posterior drawer tests were negative. Patellar grind was positive. Muscle strength revealed that the injured worker had a 5/5 on FHL, EHL, tibialis anterior, peroneals, quadriceps, and hip flexors. Deep tendon reflexes were normal. Examination of the left knee revealed that

there was no bone or joint malalignment. Range of motion revealed a flexion of 120 degrees and an extension of 0 degrees. There was tenderness to palpation over the iliotibial band, lateral joint line. There was no skin hypersensitivity and there was no pain with range of motion. Apprehension, Apley's Compression, Lachman's, anterior and posterior drawer, and J sign were negative. The injured worker did show a positive patellar grind. Motor strength revealed a 5/5 on FHL, EHL, tibialis anterior, peroneals, quadriceps, and hip flexors. Deep tendon reflexes were normal. The treatment plan is for the injured worker to receive a right knee steroid injection, continue hydrocodone/APAP, and have a follow-up appointment for as needed injections. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The injured worker complained of bilateral knee pain. The California MTUS guidelines recommend epidural steroid injections for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Radiculopathy is defined as significant alteration in the function of a nerve root or nerve roots and usually caused by pressure on one or several nerve roots. The injured worker did not have any objective findings of radiculopathy documented on the most recent note of 06/05/2014. There was also no diagnosis of radiculopathy on the same note. The injured worker had intact motor and neurological exam findings. Furthermore, on that same note dated 06/05/2014, it revealed that the injured worker had already undergone 20 ESIs. There was no documentation showing evidence of these injections helping with any functional deficits the injured worker had. There was only a notation stating that the injections helped minimally and lasted 4 to 5 days. The request as submitted did not indicate how many injections the request was for or the frequency of the injections. As such, the request is not medically necessary.

Hydrocodone/APAP 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 83,80,85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Ongoing Management Page(s): 91; 78.

Decision rationale: The injured worker complained of bilateral knee pain. There were no measurable pain levels documented in the submitted report. The California MTUS guidelines

recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be submitted. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. As per guidelines above, the documentation submitted lacked evidence of the 4A's being adequately addressed. The injured worker did not report any moderate to severe pain. There were no pain levels documented using the VAS. There was no urinalysis or drug screen submitted in the report. Furthermore, there was no indication as to what the efficacy of the medication was. The submitted request did not stipulate or specify a frequency of the requested medication. As such, the request is not medically necessary.

Follow up PRN for additional injections.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend office visits as they are to be determined medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There was no submitted documentation regarding the current clinical situation of the injured worker to determine when they would need to be seen again and without that information, necessity of as-needed follow-up visits for additional injections cannot be determined. Furthermore, findings at the office visit will also determine the frequency of the next visit. As such, the request is not medically necessary.