

<b>Case Number:</b>	CM14-0010412		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 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 55-year-old, who was injured in work related accident on 04/05/02. The records provided for review include a letter of appeal dated 01/17/14 documenting the claimant's need for bilateral knee joint arthroplasty because of tricompartmental degenerative change identified on a recent MRI findings and failure of conservative care including injections, physical therapy, medication management and bracing. The documentation does not include any formal physical examination findings or the claimant's body mass index. This review is an appeal for bilateral knee arthroplasty and continued use of medications to include Diclofenac, Omeprazole and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Bilateral total knee replacement: 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 the Non-MTUS Official Disability Guidelines (ODG), Knee Procedure chapter: Knee Joint Replacement

**Decision rationale:** The California MTUS and American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address knee arthroplasty. Based on the ODG, bilateral total knee arthroplasty would not be supported. Although the treating provider

indicates the claimant has failed conservative care and has tricompartmental degenerative change in both knees, there is no documentation of recent physical exam findings, imaging reports to confirm pathology, or indication that the claimant's body mass index less is less than 35 as recommended by the ODG. In absence of this information, the request for bilateral total knee arthroplasty cannot be recommended as medically necessary.

**1 post-operative continuous passive motion (CPM) machine:** Upheld

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Unknown post-operative physical therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The proposed bilateral total knee replacement cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not necessary.

**1 Vascu Therm 4:** Upheld

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Diclofenac XR 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): Nonselective Diclofenac, pages 70-73.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not support the chronic use of Diclofenac. The Chronic Pain Guidelines recommend that nonsteroidal medications are indicated in the chronic setting but only for the lowest dose possible for the shortest period of time possible. The medical records fail to demonstrate any degree of symptomatic flare to the claimant's knee or documentation of benefit with use of the above agent. Without the above, the use of Diclofenac in the chronic setting for the claimant's bilateral knee complaints would not be supported. As such, the request is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec chapter and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs),

Gastrointestinal (GI) Symptoms and Cardiovascular Risk, pages 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines also would not support the role of Omeprazole. The Chronic Pain Guidelines recommend that Omeprazole is only indicated for individuals demonstrating GI risk factors, based on guideline criteria. This individual fails to demonstrate any significant GI risk factor. Without documentation of GI risk factor or continued need for nonsteroidal medication, the use of Omeprazole would not be supported. As such, the request is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) chapter, pages 91-94 and Opioids chapter, pages 76-80.

**Decision rationale:** The California MTUS Chronic Pain Guidelines would not support continued use of Tramadol. The Chronic Pain Guidelines recommend that Tramadol has limited clinical life after sixteen weeks of use. Currently the use of this agent has not been supportive in the chronic pain setting. The continued role of Tramadol for a diagnosis of bilateral knee degenerative arthritis would thus not be indicated as medically necessary. As such, the request is not medically necessary.