

<b>Case Number:</b>	CM14-0015394		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 & Rehabilitation, 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:

This 49 year-old patient sustained an injury on 9/1/08 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Zyprexa 5MG #30, MRI of the Right Ankle, and 1 CT Scan of the Right Knee. P&S report of 7/25/11 from another provider noted patient with diagnoses of total knee arthroplasty with meniscectomies and loss of functional range of motion with permanent restrictions and future treatment plan for NSAIDs. Reports from the provider noted the patient with right ankle pain and right knee pain rated at 8/10; he has history of knee replacement (2010). Exam showed knee joint laxity; however, with functional range of motion and negative orthopedic testing; right ankle has swelling with some tenderness into passive inversion. Of note, the patient had previous right knee MRI showing no significant findings other than surgical evidence and no remnant of menisci. Report of 12/16/13 noted patient with history of right knee arthroscopy with subsequent right TKR and history of right ankle sprain/strain with post-traumatic arthritis by imaging. Pain is constant rated at 8-9/10. Medications of Lyrica and Norco provide relief and 50% functional improvement. Exam showed right knee with full active range of motion, stability test consistent with knee replacement, right ankle tenderness with full active range with some laxity on stress testing and 1+ symmetrical reflexes. Request(s) for 1 prescription of Zyprexa 5MG #30, MRI of the Right Ankle, and 1 CT Scan of the Right Knee were not medically necessary on 1/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 PRESCRIPTION OF ZYPREXA 5MG #30: 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),

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anxiety Medications In Chronic Pain, Zyprexa

**Decision rationale:** This 49 year-old patient sustained an injury on 9/1/08 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Zyprexa 5MG #30, MRI of the Right Ankle, and 1 CT Scan of the Right Knee. P&S report of 7/25/11 from another provider noted patient with diagnoses of total knee arthroplasty with meniscectomies and loss of functional range of motion with permanent restrictions and future treatment plan for NSAIDs. Reports from the provider noted the patient with right ankle pain and right knee pain rated at 8/10; he has history of knee replacement (2010). Exam showed knee joint laxity; however, with functional range of motion and negative orthopedic testing; right ankle has swelling with some tenderness into passive inversion. Of note, the patient had previous right knee MRI showing no significant findings other than surgical evidence and no remnant of menisci. Report of 12/16/13 noted patient with history of right knee arthroscopy with subsequent right TKR and history of right ankle sprain/strain with post-traumatic arthritis by imaging. Pain is constant rated at 8-9/10. Medications of Lyrica and Norco provide relief and 50% functional improvement. Exam showed right knee with full active range of motion, stability test consistent with knee replacement, right ankle tenderness with full active range with some laxity on stress testing and 1+ symmetrical reflexes. Zyprexa, an antipsychotic, is indicated for the treatment of schizophrenia and episodes of mania associated with bipolar disorder. It may also be prescribed in the treatment of specific DSM-IV diagnosis of anxiety disorder. Submitted reports have not demonstrated significant symptom complaints, clinical findings; diagnoses of psychiatric and psychological issues neither related to a knee and ankle injury nor identified functional improvement from treatment previously rendered. The 1 prescription of Zyprexa 5MG #30 is not medically necessary and appropriate.

## **MRI OF THE RIGHT ANKLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** This 49 year-old patient sustained an injury on 9/1/08 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Zyprexa 5MG #30, MRI of the Right Ankle, and 1 CT Scan of the Right Knee. P&S report of 7/25/11 from another provider noted patient with diagnoses of total knee arthroplasty with meniscectomies and loss of functional range of motion with permanent restrictions and future treatment plan for NSAIDs. Reports from the provider noted the patient with right ankle pain and right knee pain

rated at 8/10; he has history of knee replacement (2010). Exam showed knee joint laxity; however, with functional range of motion and negative orthopedic testing; right ankle has swelling with some tenderness into passive inversion. Of note, the patient had previous right knee MRI showing no significant findings other than surgical evidence and no remnant of menisci. Report of 12/16/13 noted patient with history of right knee arthroscopy with subsequent right TKR and history of right ankle sprain/strain with post-traumatic arthritis by imaging. Pain is constant rated at 8-9/10. Medications of Lyrica and Norco provide relief and 50% functional improvement. Exam showed right knee with full active range of motion, stability test consistent with knee replacement, right ankle tenderness with full active range with some laxity on stress testing and 1+ symmetrical reflexes. Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathic not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with diagnosis of ankle sprain/strain with post-traumatic arthritis and clinical exam of tenderness without specific instability. The MRI of the Right Ankle is not medically necessary and appropriate.

### **1 CT SCAN OF THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 291. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Computed Tomography (CT)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** This 49 year-old patient sustained an injury on 9/1/08 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Zyprexa 5MG #30, MRI of the Right Ankle, and 1 CT Scan of the Right Knee. P&S report of 7/25/11 from another provider noted patient with diagnoses of total knee arthroplasty with meniscectomies and loss of functional range of motion with permanent restrictions and future treatment plan for NSAIDs. Reports from the provider noted the patient with right ankle pain and right knee pain rated at 8/10; he has history of knee replacement (2010). Exam showed knee joint laxity; however, with functional range of motion and negative orthopedic testing; right ankle has swelling with some tenderness into passive inversion. Of note, the patient had previous right knee MRI showing no significant findings other than surgical evidence and no remnant of menisci. Report of 12/16/13 noted patient with history of right knee arthroscopy with subsequent right TKR and history of right ankle sprain/strain with post-traumatic arthritis by imaging. Pain is constant rated at 8-9/10. Medications of Lyrica and Norco provide relief and 50% functional

improvement. Exam showed right knee with full active range of motion, stability test consistent with knee replacement, right ankle tenderness with full active range with some laxity on stress testing and 1+ symmetrical reflexes. There is no report of change in limitations in ADLs, function, or report of acute flare-up or new injury. Submitted reports have not demonstrated any failed conservative treatment trial. The patient exhibit unchanged knee pain with history of arthroscopy and subsequent TKR in 2010. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture and in this case, any loosening of prostheses; however, no specific clinical exam findings or x-rays results have been demonstrated from submitted reports. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The 1 CT scan of the Right Knee is not medically necessary and appropriate.