

Case Number:	CM14-0125051		
Date Assigned:	09/25/2014	Date of Injury:	01/04/2011
Decision Date:	12/31/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

This is a 47 year old female who sustained a work related injury on January 4, 2011 causing an injury to her right knee. The mechanism of injury was not well defined. Per the Utilization Review documentation dated July 11, 2014 an MRI of the right knee dated November 13, 2012 revealed an abnormality of the lateral meniscus and tricompartmental osteoarthritis rated as moderate. A physician's note dated May 2, 2014 notes that the injured worker complained of intermittent right knee pain with a severity of seven out of ten. The pain was increased with activities of daily living and improved with rest, physical therapy and pain management. Examination of the right knee revealed an effusion with tenderness over the medial and lateral joint line, weakness and patellofemoral crepitus and Apley grind. Diagnosis was right knee osteoarthritis. The documentation indicates two right knee arthroscopic surgeries without improvement, multiple steroid injections, two series of viscosupplementation gel injections and more than fifty physical therapy sessions with continued knee pain. She has a 25 degree flexion contracture. The treating physician requested a right total knee replacement and stated any delay in surgery would result in further deterioration of the condition. Current documentation dated July 3, 2014 notes that the injured worker had a slight increase in symptoms with buckling and popping of the right knee and complaints of low back pain. She had an antalgic gait and ambulated with a cane. Current diagnoses included left knee pain due to overcompensation, low back pain due to overcompensation and antalgic gait, right knee tricompartmental osteoarthritis, depression, anxiety and difficulty sleeping. Work status was temporary totally disabled. The treating physician requests a right total knee replacement and Prilosec 20 mg # 60 with 3 refills which was denied by Utilization Review on July 11, 2014. The treating physician also requested Hydrocodone 5/325 # 60 with 1 refill which was modified by Utilization Review on July 11, 2014. The request for a right total knee replacement was denied due to her age and BMI of 38.3.

The request for Prilosec 20 mg # 60 was denied due to lack of documentation of gastritis or gastrointestinal upset with the use of medications. The Hydrocodone 5/325 # 60 was modified by Utilization Review due to lack of documentation of quantifiable pain relief and functional improvement. However, opioids should not be stopped abruptly and so the request was modified to allow for the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT Total Knee Replacement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Leg- Knee Joint Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Section: Knee, Topic: Total Knee Arthroplasty.

Decision rationale: California MTUS guidelines do not include specific criteria for a total knee arthroplasty. ODG criteria were therefore used. The injured worker is 47 years old but otherwise meets all criteria. She has had more than enough conservative care. She meets the subjective criteria. There is a 25 degree flexion contracture with mechanical symptoms. She uses a cane and has low back and contralateral knee pain due to altered gait. Pain levels can be 10/10 when the knee buckles. There is imaging evidence of tricompartmental osteoarthritis. Viscosupplementation did not help in the past and is not a viable option. Utilization review non-certified the total knee arthroplasty for age and a BMI of 38.3 which exceeds the old guidelines of BMI <35. The new ODG guidelines have increased the allowable BMI limit to 40. Her health will deteriorate if she cannot ambulate and needs to be on opioids. Therefore the guideline age requirement of 50 should be overlooked based upon the severity of the other criteria, particularly the flexion contracture of the knee which will worsen with time. Waiting 3 more years is not an option. Therefore the requested total knee arthroplasty of the right knee is medically appropriate and necessary.

Prilosec 20 MG #60 X 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non- Steroidal Anti- Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 68.

Decision rationale: The documentation provided does not indicate a history of gastrointestinal complaints or lack of tolerance to NSAIDs. Therefore the medical necessity for using Prilosec is not medically necessary.

Hydrocodone 5/325 #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: Guidelines regarding the use of opioids recommend weaning as has been suggested by UR. Opioids are not recommended as a first line therapy for osteoarthritis. There is lack of evidence to allow long term use. A lesser quantity of hydrocodone was dispensed to facilitate weaning. The need for 60 tablets with one refill as requested is not medically necessary.