

Case Number:	CM14-0157766		
Date Assigned:	10/01/2014	Date of Injury:	09/19/2013
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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:

Medical records reflect that claimant is a 55 year old female who sustained a work injury on 9-19-13. On this date the claimant was standing up folding clothes and as she went to get another box of clothes with another coworker, her right foot cracked and felt sharp pain instantly. MRI of the right knee dated 3-12-14 showed ACL injury, chronic tear in the body and anterior horn of the lateral meniscus, myxoid degeneration in posterior horn and medial and lateral meniscus, varicose veins, degenerative arthritis, small subchondral cyst in lateral plateau of tibial, small joint effusion, marrow reconversion in distal femur, proximal tibia and fibula, fabella. MRI of the left knee dated 3-12-14 showed ACL injury, chronic tear in the body of the anterior horn of the lateral meniscus, myxoid degeneration in posterior horn of medial and lateral meniscus, early degenerative arthritis, Fabella, moderate knee joint effusion and marrow reconversion in distal femur, proximal tibia and fibula. The claimant has been treated with medications, acupuncture, and physical therapy. Office visit on 6-6-14 notes the claimant reports left knee is making it difficult to walk ad she has right leg pain that radiates to the right foot. Office visit on 7-3-14 notes the claimant has persistent pain and tenderness to bilaterally knees, restricted range of motion, tenderness to the L/S hypoesthesia to L4, L5 dermatome bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy x12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that manual therapy and manipulation for the knee is not recommended. There is an absence in documentation to support performing chiropractic therapy for the knee conditions. Therefore, the medical necessity of this request is not established.

Total Knee Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) Knee chapter - TKA

Decision rationale: ODG reflect that knee arthroplasty is indicated if the following is met: 1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises and contraindicated: NSAIDs or Visco supplementation injections or Steroid injection). 2. Subjective Clinical Findings: Limited range of motion (<90 for TKR), nighttime joint pain and no pain relief with conservative care (as above) and documentation of current functional limitations demonstrating necessity of intervention. 3. Objective Clinical Findings: Over 50 years of age AND Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications. 4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength) and previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). There is an absence in documentation noting Osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength. Additionally, this request is for knee replacement nonspecific as to what extremity is being requested. Therefore, the medical necessity of this request is not established.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Tramadol

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment. Therefore, the medical necessity of this request is not established.

Flubiprofen/Capsaicin/Camphor 10/0.0.25%/2%/1% 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compound Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical compound

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore the medical necessity of this request is not established.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compound Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical compound

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. The medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore the medical necessity of this request is not established.