

Case Number:	CM14-0166114		
Date Assigned:	10/13/2014	Date of Injury:	12/31/2012
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopaedic 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:

This 49-year-old male driver sustained an industrial injury on 12/31/12. Injury occurred when he slipped and fell while carrying a box weighing approximately 75 pounds. He fell onto his right side, hitting the lateral aspect of his right knee onto the edge of a step. The box landed on the medial aspect of the knee. Past injury history was positive for a sports-related injury with 4 arthroscopic right knee surgeries approximately 10 years ago. Past surgical history was positive for left shoulder arthroscopy in 2013 with subsequent open surgery for detachment of his left biceps tendon in November 2013. Records indicated that 8 physical therapy visits were authorized in utilization review on 1/30/14 and the patient attended one session on 4/7/14. Conservative treatment has included an unloader brace. The 5/14/14 right knee MR arthrogram impression documented a vertical tear of the anterior junction region of the medial meniscus and oblique inferior articular surface tear of the posterior horn. There appeared to have been previous surgery to the lateral meniscus, however signal pattern and contrast extension along the superior margin of the posterior horn was highly suggestive of a recent tear. There was probable arthrofibrosis accounting for the abnormal decreased T2 signal in Hoffa's fat pad. There was minimal irregularity of the articular cartilage of the lateral patellofemoral joint and lateral femorotibial joint. The 5/16/14 orthopedic report documented x-rays findings of lateral joint space narrowing, lateral femoral osteophytes, mild medial femoral condyle osteophytes, and peaking of the spine. MR arthrogram showed mild narrowing of the lateral compartment joint, maintenance of the medial compartment joints, a stubby or bloody appearance of the menisci, and extrusion of the menisci peripherally on the medial and lateral side. The patient completed a series of 3 Synvisc injections on 8/8/14. The 9/5/14 treating physician report cited increased right knee pain with no change in activity level and poor quality of sleep. Current medications included Colace, Ibuprofen, Opana ER 10 mg daily, Protonix, and Norco 10/325 mg 3 times per

day as needed. The patient reported that medications continued to be helpful but pain had increased since his Norco had been reduced to #90 per month. Opana was helpful for pain. Medications allow him to do activities of daily living. Physical exam indicated the patient appeared to be in moderate pain with flat affect. Right knee exam documented antalgic gait without assistive devices and range of motion 0-120 degrees with crepitus. There was lateral joint line tenderness, mild effusion, positive McMurray's test, lateral knee laxity, and no patellar or medial joint line pain. There was an audible popping sound from the right knee with active right knee flexion. There was pain with passive varus maneuver of the right knee and no pain with valgus maneuver. There was a mid-range knee click in range of motion from flexion to extension. Knee strength was 5/5 in extension and 4/5 in flexion. The treatment plan recommended right total knee arthroplasty. Medication refills were not required. The patient was continued on modified duty. Records indicated that the patient was under treatment for a left shoulder injury, date of injury 5/30/12, and was being prescribed the same medications on each claim. The 9/25/14 utilization review denied the request for right total knee arthroplasty as the patient was less than 50 years of age, there was no documentation of range of motion, and there was no evidence that the patient had completed a significant course of physical therapy. The request for Norco 10/325 #90 was modified to Norco 10/325 #67 based on prior recommendations for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right total knee Arthroplasty: 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) Knee and Leg, Knee Joint Replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guideline criteria have not been met. This patient is 49 years old. Current range of motion exceeds guideline criteria at 120 degrees. Imaging evidence documented some lateral compartment narrowing but there was no documentation of standing x-rays documenting osteoarthritis in two or three compartments. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy, and failure has not been submitted. Therefore, this request is not medically necessary

One (1) prescription of Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. The 9/25/14 utilization review modified the request for Norco 10/325 #90 to Norco 10/325 #67 based on prior recommendations for weaning. Records do not document objective functional improvement with the use of Norco prescribed for break through pain in addition to Opana ER on a daily basis. This patient appears to be prescribed Norco for two claims, both for #90 tablets per month, as evidenced by the report that reduction to #90 per month increased his level of pain. There is no compelling reason to support the medical necessity of additional medication beyond that already certified. Therefore, this request is not medically necessary