

Case Number:	CM14-0022065		
Date Assigned:	05/09/2014	Date of Injury:	02/15/2012
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 46-year-old male, who reported an injury on 02/15/2012, and the mechanism of injury was from being a police officer, and he twisted his knee. The injured worker's current diagnoses include joint pain of left leg; secondary right knee mild osteoarthritis; status post right knee revision arthroscopy partial medial and lateral meniscectomy and chondroplasty on 01/24/2013; and chronic pain syndrome. Per the 01/27/2014 clinical note by [REDACTED], reported relevant objective findings included full right knee range of motion, negative instability with negative varus/valgus stress test, negative pivot-shift drawer sign, and negative bilateral for varus or valgus McMurray's sign. The knees were negative for swelling or effusion bilaterally, right knee pain on palpation at medial joint line remaining, and a grade II crepitus patellofemoral joint bilateral with greater pain on the right upon compression, but presents bilaterally. On the clinical note dated 03/17/2014, the objective findings were unchanged from the clinical note of 01/14/2014. The treatment plan included a request for 1 Functional Capacity Evaluation, 1 right knee viscosupplementation injection, 1 consultation with chiropractic within the medical provider network, ondansetron 8 mg #10, and Zofran 8 mg #10. The physician advised the injured worker that after the first Supartz injection booster to the right knee, (of which he only had 4 month relief), that the guidelines recommend a 6 month relief. The injured worker was given another injection on 03/17/2014. The treatment plan also included medications of naproxen sodium 550 mg, take 1 tablet by mouth every 12 hours as needed for pain, dispense #60; Norco (hydrocodone/acetaminophen) dosage 10/325 mg tablet, take 1 tablet by mouth every 6 hours as needed for pain. The current request is for 1 Functional Capacity Evaluation, 1 right knee viscosupplementation injection, 1 consultation with chiropractor within the medical provider network, ondansetron 8 mg #10, and Zofran 8 mg #10. The request was made on 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Guidelines state a Functional Capacity Evaluation is a supported tool for reassessing function and functional recovery. The Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Additionally, Functional Capacity Evaluations may be appropriate if the patient is at MMI and all key medical reports are secured, and secondary conditions have been clarified. A Functional Capacity Evaluation is not appropriate if the sole purpose is to determine the worker's effort or compliance, or the worker has returned to work and ergonomic assessment has not been arranged. The medical records failed to provide information to why the Functional Capacity Examination was appropriate at this time. The records indicate the patient was currently working full time, full duty. Additionally, per the 11/20/2013 note, the injured worker no longer required the aid of a brace, ambulated without a limp, and was able to tolerate exercising both at the gym and home multiple times per week. However, while the injured worker had continued to work full duty, the records did not indicate that an ergonomic assessment had been performed or arranged, as per the guideline requirement. Therefore, based on the information provided, the request for 1 Functional Capacity Evaluation is not medically necessary.

1 RIGHT KNEE VISCO-SUPPLEMENTATION INJECTION: 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 Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines regarding viscosupplementation recommend they are used for management of osteoarthritis of the knee. Guidelines further states that this treatment is indicated for patients that experience symptomatic osteoarthritis and have not responded to standard non-pharmacologic treatments or are intolerant of these therapies; are not candidates for a total knee arthroplasty, or have failed previous knee surgeries for their arthritis. When repeat

injections are warranted, there must be documentation of significant improvement in symptoms for 6 months or more, and if symptoms reoccur, it may be reasonable to do another series. When reviewing the documentation, the injured worker had a Synvisc injection on 08/14/2013 and the injured worker reported a slight decrease in knee pain. The injured worker reported that he continued to have difficulty with ascending stairs and his pain was unchanged. The guidelines support the use of repeat Synvisc injections if there was evidence of a significant improvement for 6 months. As this has not been documented, repeat injections are not appropriate. Therefore, the request for 1 right knee viscosupplementation injection is not medically necessary.

1 CONSULTATION WITH CHIROPRACTOR WITHIN THE MEDICAL PROVIDER NETWORK: 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 Chronic Pain, Manual therapy & manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines do not recommend manipulation for knee conditions. Therefore, the request for 1 consultation with chiropractor within the medical provider network is not medically necessary.

ONDANSETRON 8 MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines ANTIEMETICS FOR OPIOID NAUSEA.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines indicate for ondansetron (Zofran), is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. The clinical documentation failed to indicate the reason the medication was being prescribed. The clinical notes did not indicate that the patient had nausea and vomiting secondary to chemotherapy/radiation treatment or a need for postoperative use. Therefore, based on the lack of guideline support, the request for the prescription is not medically necessary.

ZOFRAN 8 MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines ANTIEMETICS FOR OPIOID NAUSEA.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines indicate that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. The clinical documentation failed to indicate the reason the medication was being prescribed. The clinical notes did not indicate that the patient had nausea and vomiting secondary to chemotherapy/radiation treatment or a need for postoperative use. Therefore, based on the lack of guideline support, the request for the prescription is not medically necessary.