

Case Number:	CM14-0024045		
Date Assigned:	06/11/2014	Date of Injury:	07/22/2008
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Surgery 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 52 year old male who reported injury to his left knee and lower back on 07/22/2008 secondary to slipping while trying to refill a soap dispenser. The injured worker complained of continued aching pain and discomfort to the left knee with inability to ambulate without pain. On physical examination there was tenderness along the medial compartment, patellofemoral and medial compartment crepitus, genu valgum deformity, multiple scars proximal and distal to the knee joint, antalgic gait, an invaginated entrance wound from the old bullet wound to his femur, and 10-110 degrees of motion. The injured worker is pending total knee arthroplasty of the left knee. An x-ray of the left knee on 01/27/2014 revealed severe posttraumatic degenerative joint disease of the left knee with retained shrapnel and an occluded femoral intramedullary canal. On 04/10/2014 a computed tomography (CT) of the left knee showed tricompartmental degenerative change of the left knee joint most severe and advanced in the medial compartment, remote healed distal femoral fracture with ORIF with subsequent hardware removal, and associated soft tissue gunshot wound (GSW) fragments surrounding the distal left femur. The injured worker had diagnoses of left knee osteoarthritis post previous ORIF with metal removal (07/20/2008), in which documentation stated a steady decline since, and status post spinal fusion (10/31/2013). He had past treatments of oral NSAID, mild oral pain medication, physical therapy, oral anti-convulsant/analgesic, and injections. He is pending surgery with a custom made prosthesis due to the old gunshot wound to the femur. His medications were ibuprofen 800mg twice a day as needed, Tramadol 50 mg three times a day as needed, Meloxicam (mobic) 15mg daily, and Oxycodone 5mg 2-3 per day. The treatment plan is for a cold therapy unit for home use, home physical therapy (PT), (9) nine visits after discharge from hospital, and the decision for Norco 10/325 #100 1-2 tabs by mouth every four hours as needed for pain. There is rationale for the request for a cold therapy unit for home use and home

PT, (9) nine visits after discharge from hospital. There is no rationale for the request for Norco 10/325 #100 1-2 tabs by mouth every four hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, continuous-flow cryotherapy.

Decision rationale: The request for a cold therapy unit for home use is not medically necessary. The injured worker complained of continued aching pain and discomfort to the left knee with inability to ambulate without pain. The injured worker is pending total knee arthroplasty of the left knee. An x-ray of the left knee on 01/27/2014 revealed severe posttraumatic degenerative joint disease of the left knee with retained shrapnel and an occluded femoral intramedullary canal. On 04/10/2014 a computed tomography (CT) of the left knee showed tricompartmental degenerative change of the left knee joint most severe and advanced in the medial compartment, remote healed distal femoral fracture with ORIF with subsequent hardware removal, and associated soft tissue gunshot wound (GSW) fragments surrounding the distal left femur. Past treatments of oral NSAID's, oral pain medication, physical therapy, oral anti- convulsant /analgesic, and injections were ineffective as the injured worker continued to decline per documentation. According to the Official Disability Guidelines (ODG) knee for continuous-flow cryotherapy, postoperative use generally may be up to 7 days, including home use. However, the request does not include a duration. Therefore, the request for a cold therapy unit for home use is not medically necessary.

HOME PT X 9 AFTER DISCHARGE FROM HOSPITAL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for home PT, (9) nine visits after discharge from hospital is medically necessary. The injured worker complained of continued aching pain and discomfort to the left knee with inability to ambulate without pain. The injured worker is pending total knee arthroplasty of the left knee. An x-ray of the left knee on 01/27/2014 revealed severe posttraumatic degenerative joint disease of the left knee with retained shrapnel and an occluded femoral intramedullary canal. On 04/10/2014 a computed tomography (CT) of the left knee showed tricompartmental degenerative change of the left knee joint most severe and advanced in

the medial compartment, remote healed distal femoral fracture with ORIF with subsequent hardware removal, and associated soft tissue gunshot wound (GSW) fragments surrounding the distal left femur. California MTUS post-surgical treatment guidelines, for left total knee arthroplasty/arthritis, recommends 24 visits over 10 weeks of postsurgical physical therapy. Given the above the request for home PT, (9) nine visits after discharge from hospital is medically necessary.

NORCO 10/325 #100 1-2 TABS PO Q 4 HRS PRN PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for Norco 10/325 #100 1-2 tabs by mouth every four hours as needed for pain is not medically necessary. The injured worker complained of continued aching pain and discomfort to the left knee with inability to ambulate without pain. Physical examination tenderness along the medial compartment, medial compartment and patellofemoral crepitus, genu valgum deformity, multiple scars proximal and distal to the knee joint, antalgic gait, an invaginated entrance wound from the old bullet wound to his femur, and 10-110 degrees of motion. The injured worker is pending total knee arthroplasty of the left knee. He had past treatments of oral NSAID, oral pain medication which included oxycodone, physical therapy, oral anti-convulsant/analgesic, and injections. California MTUS post-surgical treatment guidelines, for left total knee arthroplasty/arthritis, recommends a postsurgical physical medicine treatment period of 4 months. There is no documentation that states whether the injured worker is still on oxycodone for his pain. Therefore, the request for Norco 10/325 #100 1-2 tabs by mouth every four hours as needed for pain is not medically necessary.