

Case Number:	CM14-0030508		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2004
Decision Date:	10/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 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:

The claimant is a 50-year-old gentleman who injured his knee on 02/06/04. The clinical records specific to the claimant's left knee included the 02/11/14 follow up report noting continued severe left knee pain and that the claimant had arthroscopic surgery with "minimal improvement." The claimant's physical examination was focused mostly on the shoulder, but there was documentation of no laxity to the knee, tenderness over the patellofemoral joint, and crepitation. Surgical arthroscopy was the only treatment for the left knee documented; there was no documentation of injection therapy or the results of recent plain film radiographs. The recommendation was made for total joint arthroplasty, bilateral standing radiographs of the knees, and continued use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram), Page(s): 91-94; 75; 80-84..

Decision rationale: California MTUS Chronic Pain Guidelines do not support the continued use of Tramadol. The Chronic Pain Guidelines recommend that Tramadol is only indicated for acute use with its efficacy beyond sixteen weeks not noted. The medical records identify that the claimant has utilized the agent for greater than a sixteen week period of time. The medical records do not indicate any reason to support continued use of the medication as prescribed.

Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee joint replacement Recommended as indicated below. Total hip and total knee arthroplasties are well accepted as reliable and suitable surgical procedures to return patients to function. The most common diagnosis is osteoarthritis. Overall, total knee arthroplasties were found to be quite effective in terms of improvement in health-related qual

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not support the recommendation for left total knee joint arthroplasty. The records provided for review in this case fail to identify the specific conservative treatment provided to the claimant. There is also no documentation of plain film imaging of the knee to assess the claimant's degree of degenerative findings. The medical records also do not identify the claimant's body mass index. The Official Disability Guidelines recommend a body mass index of less than 35, conservative care to include medications and viscosupplementation or steroid injections, and osteoarthritis on standing films or visualized during arthroscopy. Without a body mass index, prior conservative measures or imaging for review to demonstrate osteoarthritis, the request for left total knee arthroplasty cannot be recommended as medically necessary.

Unknown Standing X-ray of the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

Decision rationale: California ACOEM Guidelines do not support the request for bilateral knee radiographs. The medical records describe that the claimant has left knee complaints, and there is no documentation of right knee complaints or clinical findings for examination that would support the role of right knee imaging. The specific request for bilateral imaging of the knees would not be supported as medically necessary.

