

Case Number:	CM14-0050570		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2010
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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:

This 62-year-old female custodian sustained an industrial injury on 10/31/10, when she stepped into a pothole and fell. She was diagnosed with left knee tibial plateau fracture and osteoarthritis, and lumbar discogenic disease with spondylolisthesis at L4/5. The 9/21/12 lumbar MRI impression documented grade 1 anterolisthesis L4 over L5. Pre and post loadbearing imaging revealed no significant difference. There were L2/3, L3/4, and L4/5 disc protrusions/extrusions with neuroforaminal narrowing effacing the bilateral L2 and L3 and left L4 exiting nerve roots. There was an L5/S1 disc protrusion with neuroforaminal narrowing encroaching the bilateral L5 exiting nerve roots. The 9/21/12 left knee MRI impression documented degeneration of the medial and lateral menisci, degenerative arthritis in the form of osteophytes, reduced medial tibiofemoral joint space, and subchondral sclerosis in the tibial condyle. There was a subchondral cyst in the medial tibial condyle associated with adjacent marrow edema/contusions. There was small knee joint effusion. The 1/16/14 progress report cited worsened chronic low back and left knee pain. Knee pain was reported severe and unlivable. Left knee exam revealed positive anterior drawer sign, patellofemoral crepitation, positive Apley grind test, range of motion 10-80 degrees, and joint line tenderness. Lumbar exam revealed painful and limited range of motion, spasms, positive straight leg raise, pain at L4/5 and L5/S1 bilaterally, paraspinal tenderness, and 5/5 lower extremity strength. Calculated body mass index was 31.6. The treatment plan recommended left knee replacement and lumbar fusion, continued left knee brace and lumbar corset, TENS unit, and continued medications (Motrin and Prilosec). Updated MRIs of the lumbar spine and left knee were planned. The 2/20/14 utilization review denied the requests for left knee arthroplasty and lumbar fusion as guideline criteria were not met. The utilization review documented that the treating physician's staff stated the surgical requests were withdrawn during

the peer-to-peer process. The requests for Motrin and Prilosec were also non-certified as the associated surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 on standing x-ray. Guidelines criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. The 2/20/14 utilization review documented withdrawal of the surgical request. Updated imaging was pending with no documentation of osteoarthritis on standing x-ray. Therefore, this request for left knee arthroplasty is not medically necessary.

Lumbar Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (Spinal).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is recommended as an effective treatment for degenerative spondylolisthesis. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been

met. There is no evidence of acute or progressive neurologic dysfunction. There is no radiographic or imaging evidence of segmental instability. Pre and post loadbearing imaging revealed no significant difference. A psychosocial clearance is not evident; prior psychological issues are documented. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no indication of the surgical levels planned for fusion. The 2/20/14 utilization review documented withdrawal of the surgical request. Updated imaging was pending. Therefore, this request for lumbar fusion is not medically necessary.

Motrin 800 mg #90: Overturned

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs), like Motrin, for the treatment of knee osteoarthritis in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met. This patient presents with severe left knee pain and imaging evidence of osteoarthritis. This patient has been using Motrin for an extended period of time in the management of her left knee pain with no side effects reported. Given the reported levels of pain and limited medications noted in the records, continuation of Motrin is consistent with this patient's treatment goals and reasonable at this time. Therefore, this request for Motrin 800 mg #90 is medically necessary.

Prilosec 20 mg # 60: Overturned

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have been met. This patient has been using high-dose Motrin for an extended period of time. Continuation of Motrin is indicated at this time. Therefore, this request for Prilosec 20 mg #60 is medically necessary.