

Case Number:	CM14-0058505		
Date Assigned:	07/11/2014	Date of Injury:	07/08/2009
Decision Date:	12/31/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Internal Medicine 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 patient is an injured worker who is status post right knee arthroscopic surgery September 2012. Regarding the mechanism of injury, the patient tripped over boxes and landed on her right knee. Date of injury was 07-08-2009. Primary treating physicians progress report dated 11/13/13 documented a review of records regarding the 9/13/13 orthopedic qualified medical examination which documented the diagnosis of right knee osteochondral patellofemoral defect status post arthroscopy with chondroplasty. The orthopedic examiner felt that the patient had a sufficient amount of postoperative physical rehabilitation following her surgery. The patient still had some limitation of motion and some decreased strength in the quadriceps so the orthopedic examiner felt it was appropriate that she finish one last session of physical therapy and recommended physical therapy. This would be for range of motion and strengthening exercises. She has only completed one out of the eight sessions approved and he wants her to continue with the remaining seven sessions. Primary treating physician's progress report dated 11/13/13 documented the discontinuation of Celebrex. Primary treating physician's progress report dated January 14, 2014 documented subjective complaints of right knee pain. The pain is constant. She complains of headaches, diabetes, and hypertension. She takes Atenolol, Amlodipine, and Celebrex. Examination of the right knee reveals tenderness to palpitation to the medial joint line, quadriceps tendon, and patellar tendon. There is crepitus and tenderness of the patellofemoral joint. The patient ambulates with a gait antalgic to the right. The patient experiences limited extension and flexion. The patient reports right knee pain with limited and painful range of motion. Examination today revealed tenderness, crepitus and tenderness to the patellofemoral joint, limited range of motion and an antalgic gait to the right. Diagnoses were right knee internal derangement with locked knee secondary to posterolateral subluxation of the knee and probable meniscal tear per MRI magnetic resonance imaging of 9/9/11, history of right knee anterior

cruciate ligament tear, right knee arthroscopic chondroplasty of patella and medial femoral condyle and lysis of adhesions 9/7/2012, and high blood pressure. The treatment plan included medications, knee brace, and physical therapy. Utilization review determination dated 4/1/14 documented that the patient completed 16 physical therapy visits in 2013 and additionally eight physical therapy visits were authorized February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg#60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Long-term NSAID use is not recommended by MTUS. Primary treating physician's progress report dated 11/13/13 documented the discontinuation of Celebrex. Medical records indicate a diagnosis of Hypertension managed with Atenolol and Amlodipine. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. The use of the NSAID Celebrex is not supported by medical records and MTUS guidelines. Therefore, the request for Celebrex 200mg#60 3 refills is not medically necessary.

Norco 5 mg#120 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48,346-347,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. A request for Norco 5 mg quantity #120 with 3 refills, which is equivalent to 360 tablets, was dated 3/25/14. The latest progress report submitted for review was dated January 14, 2014. Analgesia and activities of daily living ADL improvement with opioid medications were not documented. Urine drug screen was not documented. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. The request for Norco is not supported by MTUS guidelines. Therefore, the request for Norco 5 mg#120 3 refills is not medically necessary.

Physical Therapy 2x4 (right knee): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that 12 visits over 12 weeks of postsurgical physical therapy are recommended. The postsurgical physical medicine treatment period is 4 months. The primary treating physicians progress report dated 11/13/13 documented a review of records regarding the 9/13/13 orthopedic qualified medical examination which documented the diagnosis of right knee osteochondral patellofemoral defect status post arthroscopy with chondroplasty. The orthopedic examiner felt that the patient had a sufficient amount of postoperative physical rehabilitation following her surgery. The patient had only completed one out of the eight sessions approved. Diagnoses were right knee internal derangement with locked knee secondary to posterolateral subluxation of the knee and probable meniscal tear, and a history of right knee anterior cruciate ligament tear. Right knee arthroscopic chondroplasty of patella and medial femoral condyle and lysis of adhesions was performed on 9/7/2012. Utilization review determination dated 4/1/14 documented that the patient completed 16 physical therapy visits in 2013, and additionally eight physical therapy

visits were authorized February 2014. Request for additional physical therapy was dated 3/25/14. The latest progress report submitted for review was dated January 14, 2014. No functional improvement with past physical therapy treatments were documented. No exceptional factors were noted. Without exceptional factors or objective evidence of functional improvement, the request for additional physical therapy visits is not supported. Therefore, the request for Physical Therapy 2x4 (right knee) is not medically necessary.