

<b>Case Number:</b>	CM14-0062087		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational 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 a 48 year-old female who has submitted a claim for right knee chondromalacia and joint effusion associated with an industrial injury date of February 25, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain and swelling with some increased motion of the patella with pivoting and that she had to move the patella fast to snap it back into place. She also reported giving way and locking of the right knee. The patient had modified work with restrictions of no excessive walking or prolonged standing. On physical examination, there was marked quadriceps weakness on the right compared to the left. The patient's wounds were well healed from the prior arthroscopic surgery. There was tenderness over both the medial and lateral facet of the right patella and over the body and posterior horn of the medial meniscus and over the posterior horn of the lateral meniscus of the right knee. Patella compression caused accentuated pain. There was no effusion of the right knee. There was slight limitation in knee range of motion. There was no instability of the right knee. No definite McMurray's sign could be elicited. There was good color and a good dorsalis pedis pulse over the right foot. A right knee MRI dated July 24, 2013 revealed right knee chondromalacia and joint effusion. Treatment to date has included physical therapy, ankle brace, right knee arthroscopy with partial lateral meniscectomy and chondroplasty, and medications including Ibuprofen 800 mg one TID prn and Omeprazole 20 mg once daily (since at least December 2013). Utilization Review from April 28, 2014 denied the request for MRI arthrogram with contrast, right knee, because guideline criteria have not been met; Functional Capacity Evaluation because there was no evidence of unsuccessful return to work attempts; Ibuprofen Caplets 800 MG # 270 because guidelines do not support long-term utilization of NSAIDs; and Omeprazole 20 MG # 90 because there was no evidence that the patient was at increased risk for gastrointestinal upset/bleed. The same utilization review modified the request for Electro

Acupuncture, 12 sessions to Acupuncture, 3 sessions to allow for functional improvement and/or a decrease in pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Arthrogram with contrast, right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI Arthrogram.

**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, MR Arthrography.

**Decision rationale:** CA MTUS does not specifically address MR Arthrography. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair. In this case, MRI arthrogram with contrast was requested because the patient's prior MRI of 2013 was performed without contrast and imaging with contrast was necessary because of her post-operative status. Although the recent records showed that the patient complained of giving way and locking, as well as pain of the right knee, there were no physical examination findings of knee instability or signs of a suspected residual or recurrent tear. Therefore, the request for MRI Arthrogram with contrast, right knee is not medically necessary.

#### **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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, page(s) 132-139.

**Decision rationale:** According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the patient had modified work with restriction of no excessive walking

or prolonged standing. There was no rationale provided as to why an FCE was necessary when the patient was already performing modified work. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

**Electro Acupuncture, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, there was no documentation that the patient was intolerant of medications. There was also no evidence of current physical rehabilitation. Moreover, there was no rationale provided as to why 12 sessions were requested when guidelines state that functional improvement is expected after only 3-6 treatments. Therefore, the request for Electro Acupuncture, 12 sessions is not medically necessary.

**Ibuprofen Caplets 800 MG # 270: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory Drugs) Page(s): 67.

**Decision rationale:** According to page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, Ibuprofen was being prescribed since at least December 2013 (nine months to date). However, there was no documentation of objective evidence of functional gains. There is no clear indication for long-term use of this NSAID. Therefore, the request for Ibuprofen Caplets 800 MG # 270 is not medically necessary.

**Omeprazole 20 MG # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory drugs (NSAIDs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, no such risk factors were present in the patient. In addition, the concurrent request, Ibuprofen Caplets 800 MG # 270, was deemed not medically necessary. Therefore, the request for Omeprazole 20 MG # 90 is not medically necessary.