

<b>Case Number:</b>	CM14-0076637		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 45-year-old male with a 2/17/11 date of injury and status post left total knee arthroplasty 7/29/13. At the time (3/18/14) of request for authorization for 1 prescription for Hydrocodone/APAP 10/325mg #30, 1 right knee steroid injection, and 1 right hinged knee brace, there is documentation of subjective (bilateral knee pain with swelling, numbness, and burning sensation associated with difficulty performing activities such as prolong standing, bending/squatting/kneeling and climbing stairs; bilateral wrist pain with swelling and paresthesia; low back pain, and bilateral ankle pain) and objective (left knee swelling with tenderness to palpation over the medial and lateral joint lines, pain with range of motion, positive McMurray's, Lachman's and anterior drawer signs, and stable right knee joint that tracks well with range of motion, manipulation, and weight bearing; left knee swelling with a popliteal cyst, decreased range of motion, and tenderness to palpation over the medial and lateral joint lines; and bilateral wrist/hand swelling with positive Tinel's and Phalen's signs bilaterally) findings, current diagnoses (left knee severe degenerative joint disease, left wrist arthralgia, right carpal tunnel syndrome, right ACL tear, and right knee osteoarthritis), and treatment to date (ongoing therapy with Hydrocodone/APAP since at least 12/10/13, knee surgery, injections, physical therapy, and chiropractic care). In addition, medical report identifies a request for right hinged knee brace for stability. Regarding 1 prescription for Hydrocodone/APAP 10/325mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone/APAP. Regarding 1 right knee steroid injection, there is no

documentation of 3 additional criteria (Bony enlargement; Crepitus on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>)). Regarding 1 right hinged knee brace, there is no documentation of a condition/diagnosis for which a knee brace is indicated (knee instability).

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

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

#### **1 prescription for hydrocodone/APAP 10/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left knee severe degenerative joint disease, left wrist arthralgia, right carpal tunnel syndrome, right ACL tear, and right knee osteoarthritis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 12/10/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone/APAP. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Hydrocodone/APAP 10/325mg #30 is not medically necessary.

#### **1 right knee steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 & Table 13-6, 346.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections.

**Decision rationale:** The Official Disability Guidelines identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following criteria (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>)); Failure of conservative treatment (exercise, NSAIDs or acetaminophen); Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; and The number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. Within the medical information available for review, there is documentation of diagnoses of left knee severe degenerative joint disease, left wrist arthralgia, right carpal tunnel syndrome, right ACL tear, and right knee osteoarthritis. In addition, there is documentation of symptomatic severe osteoarthritis of the knee, which interferes with functional activities (prolonged standing/ambulation) and not attributed to other forms of joint disease; the following criteria (bony tenderness and no palpable warmth of synovium); and failure of conservative treatment (exercise and medications). However, there is no documentation of 3 additional criteria (Bony enlargement; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm<sup>3</sup>)). Therefore, based on guidelines and a review of the evidence, the request for 1 right knee steroid injection is not medically necessary.

**1 right hinged knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces.

**Decision rationale:** The MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the

medical necessity of a knee brace. Within the medical information available for review, there is documentation of diagnoses of left knee severe degenerative joint disease, left wrist arthralgia, right carpal tunnel syndrome, right ACL tear, and right knee osteoarthritis. However, despite documentation of a request for right knee hinged knee brace for stability, and given documentation of objective findings (stable right knee joint that tracks well with range of motion, manipulation, and weight bearing), there is no documentation of a condition/diagnosis for which a knee brace is indicated (knee instability). Therefore, based on guidelines and a review of the evidence, the request for 1 right hinged knee brace is not medically necessary.