

Case Number:	CM14-0076954		
Date Assigned:	07/18/2014	Date of Injury:	09/02/2008
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of September 2, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple knee surgeries, culminating in a right total knee arthroplasty surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for a consultation with a podiatrist, denied a request for amoxicillin, and denied a request for tramadol. The claims administrator, somewhat incongruously, did report that the applicant had some issues with gait alteration and was apparently contemplating consultation with a podiatrist to consider orthotics. The claims administrator then stated, somewhat incongruously, the attending provider did not state what the podiatry consultation was for. Non-MTUS Chapter 7 ACOEM Guidelines were used to deny the consultation. The claims administrator denied meloxicam on the grounds that the applicant was reportedly benefiting from the same. Amoxicillin was apparently denied, without any cited guidelines, on the grounds that the attending provider had failed to establish the presence of an acute infection for which Amoxil would be indicated. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant reported persistent complaints of left knee pain, exacerbated by negotiating stairs and lifting. The applicant had developed an alteration in his gait and felt that orthotics would be beneficial. The applicant was status post two left knee arthroscopies and right total knee replacement, it was stated. The applicant had reportedly prolonged depressive reaction, it was stated. Prescriptions for meloxicam, Amoxil, and tramadol were endorsed, along with a podiatry consultation. The applicant was asked to return to regular duty work. It was not stated whether or not the applicant was in fact working or

not, however. In a medical-legal evaluation of March 21, 2014, it was stated that the applicant had been previously given an 18% whole-person impairment rating from a mental health perspective. The applicant still had ongoing issues with anxiety and depression, it was noted. It was stated that the applicant was employed on an as-needed basis at [REDACTED] but was working elsewhere for other studios. The applicant was reportedly taking Mobic and tramadol on a fairly regular basis along with omeprazole for as-needed GI distress and Amoxil prior to dental work. The applicant was working, it was noted, despite ongoing complaints of knee pain. The applicant was trying to remain active, he stated, but was finding it difficult to do so owing to a combination of medical and mental health issues, it was suggested. The medical-legal evaluator did state that the applicant's episodic gastrointestinal distress was controlled with Prilosec. On December 30, 2013, the applicant was given capsules of Amoxil 500 mg prior to dental work owing to the fact that he had indwelling hardware about the knee. Prilosec and tramadol were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Podiatrist, Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Occupational medicine Practice Guidelines, Chapter 7, Independent Medical Examination and Consultations, 2 nd Edition : Page: 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines es Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant reportedly has persistent gait derangement issues. The applicant's primary treating provider, while acknowledging that the knees are the applicant's primary pain generator, has seemingly suggested that some component of the applicant's gait alteration may be a function of hitherto-undiagnosed foot issues. Obtaining the added expertise of a podiatrist to further evaluate the same is indicated. Therefore, the request is medically necessary.

Meloxicam 15 mg. Quantity: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): : 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam topic. MTUS 9792.20f Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, meloxicam is an NSAID indicated for the signs and symptoms of osteoarthritis, as

are present here. The applicant has issues with bilateral knee arthritis. The applicant has, moreover, demonstrated functional improvement as defined in MTUS 9792.20f as evinced by improved ability to perform activities of daily living and successful return to work with ongoing usage of meloxicam. The attending provider has posited that the applicant's knee pain complaints are attenuated with ongoing meloxicam usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Amoxicillin 500 mg. Quantity: 4: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons (AAOS), Antibiotic Prophylaxis for Patients After Total Joint Replacement.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, meloxicam is an NSAID indicated for the signs and symptoms of osteoarthritis, as are present here. The applicant has issues with bilateral knee arthritis. The applicant has, moreover, demonstrated functional improvement as defined in MTUS 9792.20f as evinced by improved ability to perform activities of daily living and successful return to work with ongoing usage of meloxicam. The attending provider has posited that the applicant's knee pain complaints are attenuated with ongoing meloxicam usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Tramadol 50 mg. Quantity: 90:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. In this case, the applicant's successful return to work and ongoing reports of appropriate analgesia achieved with tramadol usage do make a compelling case for continuation of the same. Therefore, the request is medically necessary.