

Case Number:	CM14-0192077		
Date Assigned:	11/25/2014	Date of Injury:	10/23/2012
Decision Date:	02/12/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 is a 65 year old male with a 10/23/12 injury date. A single handwritten, illegible note from 3/18/14 is available for review. Subjective findings included right worse than left knee pain. Objective findings included crepitus and joint line tenderness. X-rays of the knee showed severe osteoarthritis. Diagnostic impression: bilateral knee osteoarthritis. Treatment to date: medications. A UR decision on 10/22/14 denied the request for bilateral total knee replacement because there was no clear, legible examination of the knees, no documentation of conservative care, and no imaging studies available. The request for Anaprox was denied because there was no documented benefit from past use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines criteria for TKR include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, the clinical notes were difficult to read. The patient's precise complaints and physical exam were not clear. There was no information regarding conservative treatment in the past. There was no BMI or a height and weight with which a BMI could be calculated. In addition, Official Disability Guidelines generally does not recommend bilateral knee replacement in one procedure due to safety concerns. Therefore, the request for bilateral total knee replacement is not medically necessary.

Anaprox: Upheld

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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter--NSAIDS

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the clinical notes were very difficult to read. It appears that Anaprox has been used in the past but it is not clear if there was any benefit. Given the potential for GI and renal side-effects, long term use of NSAIDS is generally to be approached with caution and would require documentation of extenuating circumstances. Therefore, the request for Anaprox is not medically necessary.