

Case Number:	CM14-0201251		
Date Assigned:	12/11/2014	Date of Injury:	07/15/2011
Decision Date:	02/03/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Minnesota. 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 injured worker is a 55-year-old male with a date of injury of 7/15/2011. He had undergone a right total knee arthroplasty in the past and has severe osteoarthritis of the left knee. A prior arthroscopy of 4/25/14 revealed tricompartmental osteoarthritis. Per progress note of November 3, 2014 he was taking narcotics to relieve his knee pain. He reported the pain was excruciating in the morning. The documentation indicates that he was interested in postponing the need for a total knee arthroplasty for as long as possible. The provider requested Synvisc injections. He also refilled the prescription for Vicodin and suggested evaluation and treatment with pain management to treat the chronic pain. On examination the arthroscopic portals were well healed. There was positive patellofemoral crepitus, positive Apley grind, and tenderness to palpation on both the medial and lateral joint lines. The assessment was tricompartmental chondromalacia and arthritis of the left knee. There was a history of right knee replacement. The provider also states that on April 25, 2014 at the time of arthroscopy he found grade 4 osteoarthritis tricompartmentally which indicates eburnated bone with no articular cartilage remaining in the knee. It is unclear as to why he wants to prolong the left total knee arthroplasty if he already had a similar procedure done on his right knee particularly in light of the degree of pain reported. The documentation indicates that nonsteroidal anti-inflammatory drugs, physical therapy, and topical analgesics had been tried and did not result in functional improvement. There was no response to intra-articular steroids. Furthermore, there was no evidence of active joint infection or some other cause for the knee pain. The disputed issue pertains to a request for pain management referral to evaluate and treat the knee pain. This was noncertified by utilization review as the requested treatment was not specified although the consultation was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluate and treat with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, osteoarthritis.

Decision rationale: Although a pain management consultation is appropriate, the request does not indicate the type of treatment requested. The injured worker is currently on opioids for osteoarthritis of his knee. He has had a right total knee arthroplasty and based upon the documentation provided he is a candidate for a left total knee arthroplasty but wants to postpone the surgery. However, nonsteroidal anti-inflammatory drugs, corticosteroid injections and viscosupplementation has not provided any relief. The chronic pain guidelines indicate that opioids are not recommended as a first line therapy for osteoarthritis. They are recommended on a trial basis for short-term use after there has been evidence of failure of first line medication options such as acetaminophen or NSAIDs. Long-term use of opioids is not recommended for osteoarthritis. The worker is currently taking Vicodin and the duration of the treatment is not documented. A referral to a pain management specialist is requested for treatment although the treatment is not specified. Without knowing the requested treatment, the medical necessity cannot be appropriately addressed. The request as stated is not supported by guidelines although the consultation is supported. Based on the above, the request for evaluation and treatment with pain management for osteoarthritis of the left knee is not supported and the medical necessity is not substantiated.