MAXIMUS Federal Services

Case Number:	CM14-0207003		
Date Assigned:	12/19/2014	Date of Injury:	04/13/2010
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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:

The patient is a 53-year-old male who has submitted a claim for internal derangement of both knees, status post meniscectomy at the left, and status post Synvisc injection followed by operative arthroscopy and medial / lateral meniscectomy at the right associated with an industrial injury date of 4/13/2010.Medical records from 2012 to 2014 were reviewed. The patient complained of persistent bilateral knee pain despite conservative care and previous arthroscopic surgery bilaterally. He was also unable to perform household chores. The patient reported popping and clicking with prolonged siting and standing. Physical examination showed tenderness, right knee extension at 170 degrees, right knee flexion 110 degrees, left knee extension at 107 degrees, left knee flexion at 120 degrees, and crepitation.The x-ray of the left knee from 1/6/2014 showed degenerative osteosclerosis of the medial tibial articular surface, degenerative marginal osteophyte of the patellar lower pole posteriorly, and degenerative narrowing of the patellofemoral joint space. The x-ray of the right knee, dated 1/6/2014, showed degenerative narrowing of the medial femorotibial joint space, and metallic orthopedic rod and screws transfixing the visualized proximal to middle 3rd of the tibia.Treatment to date has included corticosteroid knee injections, hyaline injections, left knee arthroscopic surgery on 7/5/2012, right knee arthroscopic surgery on 6/26/2013, post-surgical physical therapy, bracing and medications such as Norco (since 2013). The request for new orthotics is to replace his worn out hinged braces.The utilization review from 11/10/2014 denied the request for total joint replacement of both knees because of no evidence of failure of conservative care and absence of data concerning weight; denied Defiance brace molded plastic, lower and upper knee addition for both knees because of no evidence of knee instability; and modified the request for Norco 10/325 mg, #160 into #80 for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Joint Replacement Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 joint replacement

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter, Knee joint replacement was used instead. ODG criteria for total knee replacement (TKR) include conservative care including Visco supplementation injections OR Steroid injection, limited range of motion (less than 90 degrees for TKR), nighttime joint pain, and no pain relief with conservative care; over 50 years of age and body mass index (BMI) of less than 35 kg/m2; and osteoarthritis on imaging or arthroscopy report. In this case, the patient was noted to have had left knee arthroscopic surgery on 7/5/2012, right knee arthroscopic surgery on 6/26/2013, knee injections and physical therapy. Symptoms persisted hence the request for a total knee replacement. However, the patient's BMI is not readily available in the most recent progress notes. The medical necessity cannot be established due to insufficient information. Moreover, the range of motion of the right knee is 110 degrees and 120 degrees for the left knee which is beyond the guideline recommendation for TKR. The guideline criteria are not met. Therefore, the request for total joint replacement bilateral knees is not medically necessary.

Defiance Brace Molded Plastic, Lower and Upper Knee Addition for The Right Knee: Upheld

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

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 and Leg, Knee Brace.

Decision rationale: CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. Official Disability Guidelines states that patients with knee brace can increase confidence, which may indirectly help with the healing process. Patellar taping, and possibly patellar bracing, relieves chronic knee pain. In this case, the patient complained of persistent bilateral knee pain despite conservative care and previous arthroscopic surgery bilaterally. The patient reported popping and clicking with prolonged siting and standing. Physical examination showed tenderness, right knee extension at 170 degrees, right

knee flexion 110 degrees, and crepitation. The x-ray of the right knee, dated 1/6/2014, showed degenerative narrowing of the medial femorotibial joint space, and metallic orthopedic rod and screws transfixing the visualized proximal to middle 3rd of the tibia. The request for new orthotics is to replace his worn out hinged braces. However, it is unclear why a different type of orthotic is being requested at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Defiance brace molded plastic, lower and upper knee addition for the right knee is not medically necessary.

Defiance Brace Molded Plastic, Lower and Upper Knee Addition for The Left Knee: Upheld

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

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 and Leg, Knee Brace.

Decision rationale: CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. Official Disability Guidelines states that patients with knee brace can increase confidence, which may indirectly help with the healing process. Patellar taping, and possibly patellar bracing, relieves chronic knee pain. In this case, the patient complained of persistent bilateral knee pain despite conservative care and previous arthroscopic surgery bilaterally. The patient reported popping and clicking with prolonged siting and standing. Physical examination showed tenderness, left knee extension at 107 degrees, left knee flexion at 120 degrees, and crepitation. The x-ray of the left knee from 1/6/2014 showed degenerative osteosclerosis of the medial tibial articular surface, degenerative marginal osteophyte of the patellar lower pole posteriorly, and degenerative narrowing of the patellofemoral joint space. The request for new orthotics is to replace his worn out hinged braces. However, it is unclear why a different type of orthotic is being requested at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Defiance brace molded plastic, lower and upper knee addition for the left knee is not medically necessary.

Norco 10/325 MG #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #160 is not medically necessary.