

Case Number:	CM14-0217445		
Date Assigned:	01/07/2015	Date of Injury:	01/19/2008
Decision Date:	09/22/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 69-year-old male who sustained an industrial injury on 1/19/08. The mechanism of injury was not documented. Past surgical history was positive for right knee arthroscopy with partial medial and lateral meniscectomy, right total hip replacement, left total knee replacement, left shoulder arthroscopy, and right shoulder arthroscopic rotator cuff repair. The 6/19/14 right knee MRI impression documented posterior horn medial meniscus tear and findings consistent with a posterior horn medial meniscus tear versus post-operative changes both medially and laterally. There were findings suspicious for anterior cruciate ligament tear with thinning of the ligament and surrounding fluid and/or inflammatory tissue. There was chondromalacia patella, moderate joint effusion, Baker's cyst, tricompartmental advanced osteoarthritis, and degenerative erosion of the proximal tibia. Records documented that the patient was prescribed Ketoprofen, omeprazole and Tramadol on 8/11/14 with pain reduction documented in the progress report of 11/3/14. Physical exam findings have including positive meniscal signs, crepitus, and limited knee motion. The 12/08/14 treating physician report cited severe constant right knee pain with giving out. He was not taking any medications and his medications had been denied. He was not attending physical therapy. There was medial and lateral right knee tenderness. The diagnosis included right knee medial and lateral meniscus tear and severe right knee osteoarthritis. Medications have provided temporary symptom relief. He had undergone conservative treatment including corticosteroid injection, therapy and oral medications. He had continue pain and positive diagnostic findings that warrant right knee arthroscopic surgery with treatment as indicated. The treatment plan also included medications

and physical therapy 2 times per week for 6 to 8 sessions to the right knee. Authorization was requested for right knee arthroscopy with treatment as indicated, physical therapy for the right knee 2 times per week for 6-8 sessions, Ketoprofen 75 mg #60 with 5 refills, omeprazole 20 mg #30 with 5 refills, and tramadol 50 mg #200 with 5 refills. The 12/13/14 utilization review modified the request for right knee arthroscopy with treatment as indicated to a right knee arthroscopy noting that unspecified treatment is not supported and any procedures determined to be medically necessary intraoperatively could be retroactively reviewed with submission of the operative report. The request for physical therapy 2 times per week for 6 to 8 sessions was non-certified as the injured worker had undergone conservative medical treatment and surgery was being requested. The request for Ketoprofen 75 mg #60 with 5 refills was modified to Ketoprofen 75 mg #60 with 2 refills as additional certification required documentation of objective functional benefit. The request for omeprazole 20 mg #30 with 5 refills was modified to omeprazole 20 mg #30 with 2 refills with additional certification based on continued NSAID use of specific documentation of gastrointestinal complaints. The request for tramadol 50 mg #200 with 5 refills was modified to tramadol 50 mg #200 with 2 refills to allow for submission of documentation regarding compliance with MTUS guidelines or for weaning of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for The Right Knee 2 Times Per Week for 6-8 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker has failed conservative treatment, including physical therapy, and has been certified for right knee arthroscopic surgery. There is no compelling rationale to support the medical necessity of physical therapy prior to surgical intervention and instead of independent home exercise. Post-operative physical therapy would be appropriate based on the procedure performed and consistent with Post-Surgical Treatment Guidelines. Therefore, this request is not medically necessary at this time.

Right Knee Arthroscopy with Treatment As Indicated: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Arthroscopic surgery for osteoarthritis.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis. Guidelines state that arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. This injured worker presents with worsening right knee pain and giving way. Clinical exam findings are consistent with imaging evidence of meniscal deficit, chondromalacia patella, and osteoarthritis. Evidence of long term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this request lacks the specificity to establish medical necessity. The 12/3/14 utilization review modified the request for right knee arthroscopy with treatment as indicated to a right knee arthroscopy. Retrospective review of treatment provided was recommended upon submission of the operative report. There is no compelling rationale to support additional certification at this time. Therefore, this request is not medically necessary.

Ketoprofen 75 MG #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Ketoprofen, are indicated for short term lowest dosage treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. This injured worker has been taking Ketoprofen intermittently since 8/11/14 for his severe right knee pain. Pain reduction has been documented with use. He has been certified for arthroscopic right knee surgery. The continued short term use of this medication would be supported. The 12/3/14 utilization review modified this request to Ketoprofen 75 mg #60 with 2 refills as additional certification required documentation of objective functional benefit. There is no compelling rationale to support the medical necessity of additional medication beyond the current certification. Therefore, this request is not medically necessary.

Omeprazole 20 MG #30 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. This injured worker is currently on NSAID therapy for his persistent right knee pain. Risk factors for gastrointestinal events have been met based on the patient's age and NSAID use. The 12/3/14 utilization review modified this request to omeprazole 20 mg #30 with 2 refills with additional certification based on continued NSAID use of specific documentation of gastrointestinal complaints. There is no compelling rationale to support the medical necessity of additional medication beyond the current certification. Therefore, this request is not medically necessary.

Tramadol 50 MG #200 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. This injured worker has been prescribed tramadol since 8/11/14 with no documentation of any objective functional benefit. Pain reduction is documented. The 12/3/14 utilization review modified this request to tramadol 50 mg #200 with 2 refills to allow for documentation of functional benefit or to initiate weaning for discontinuation. There is no compelling rationale to support the medical necessity of additional medication beyond the current certification. Therefore, this request is not medically necessary.