

Case Number:	CM15-0006653		
Date Assigned:	01/26/2015	Date of Injury:	07/16/2010
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old male, with a reported date of injury of 07/16/2010. The diagnoses include bilateral knee internal derangement, status post right knee arthroscopic surgery, status post left total knee arthroplasty, left knee traumatic arthritis with tearing, and cervicogenic headaches with migrainous component. Treatments have included oral medications, cervical spine surgery, right knee arthroscopy, and left knee arthroplasty. The follow-up pain management consultation report dated 11/03/2014 indicated that the injured worker continued to have ongoing and debilitating pain in his neck, which radiated down to both upper extremities. He has a central cord syndrome affecting mostly his upper extremities. He is wheel chair bound and there has been a recent request for a power scooter. He rated his pain 9 out of 10. The injured worker had not seen any beneficial effect from his surgery. The physical examination of the bilateral knees showed tenderness to palpation along the medial and lateral joint line, and positive crepitus in the right knee. The medical report from which the request originates was not included in the medical records provided for review. On 12/19/2014, Utilization Review (UR) denied the request for Keppra 750mg #60 due to possible side effects, bilateral knee brace (hinged), and denied home care eight (8) hours a day for six (6) months due to the opinion that it was inadequate for this individual. The UR physician noted that underlying depression and anxiety symptoms may be exacerbated by Keppra; the need for knee braces was not established; and home care is not adequate for the injured worker's care and protection. The MTUS Chronic Pain Guidelines, MTUS ACOEM Guidelines, and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs) Page(s): 16-18, and 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Medications. Page(s): 22. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines do not recommend the use of Keppra unless several other drugs in class have been trialed or are contraindicated for some reason. In addition, updated ODG Guidelines state that recent studies have not supported its use for neuropathic pain. The records reviewed do not document a reasonable trial or contraindication to the drugs recommended in the Guidelines (Carbamazine, Gabapentin, or Lamotrigine). Under these circumstances, the Keppra is not supported by Guidelines and is not medically necessary.

Bilateral Knee Brace (Hinged): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Knee Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee

Decision rationale: MTUS Guidelines do not adequately address the issue of knee braces for chronic problems. ODG Guidelines address this issue in detail and do not recommended knee braces in this circumstance unless there is instability or the need for unicompartement joint unloading. Under all circumstances, the Guidelines state that bracing is not needed unless the knee is going to be stressed under load. These qualifying conditions do not appear to be met i.e. no joint instability is demonstrated, the usefulness of an unloader brace is not demonstrated and with the need for a powered cart for mobility, the stressing under load does not appear to be a factor. The bilateral knee bracing (Hinged) is not medically necessary.

Home Care 8 Hrs/Day X 6 Months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: MTUS Guidelines do not adequately address this issue. ODG Guidelines address this issue and the Guidelines recommend home health or home care assistance under certain circumstances. Medically, this patient definitely needs home assistance, but the requesting physician does not adequately address these needs to meet Guideline standards. There is no documentation of what level of care is recommended i.e. home health aide (help with ADL's bathing etc) or just domestic assistance with cleaning or shopping. Under these circumstances, the Guidelines strongly recommend a professional evaluation by a home health expert RN to document and determine what are the reasonable needs and professional level of training necessary for assistance. As requested, the home care 8hrs/day for 6 months is not supported by Guidelines. Guidelines strongly support a more qualified and precise evaluation of this patient's legitimate needs..