

Case Number:	CM15-0011158		
Date Assigned:	03/09/2015	Date of Injury:	04/26/2010
Decision Date:	05/08/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: Orthopedic Surgery, Sports 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 59-year-old male who reported an injury on 04/26/2010. The mechanism of injury was a crushing injury to the left foot. Prior therapies included a knee brace and a TENS unit. The documentation of 10/06/2014 revealed the injured worker had a plantar fascia release in 05/2014. The injured worker was utilizing a CAM walker for 4 months and now was noted to have none. The injured worker was utilizing a cane. The injured worker was utilizing a night splint. The injured worker was noted to have an injection to the metatarsophalangeal area where there was a spur. Therapy had been suggested. The injured worker had a knee brace and had not been authorized for injections. The injured worker was noted to undergo an MRI of the lumbar spine. The injured worker had tenderness along the mid foot and plantar fascia with weakness to resisted function. There was tenderness along the patellofemoral joint. Knee extension was 180 degrees and flexion was 120 degrees. The diagnosis included internal derangement of the knee on the left with chondral lesion by MRI and wear along the medial meniscus for which no injections had been provided, as they were denied and surgery was denied. The treatment plan included arthroscopy of the left knee to be approved and prospective authorization for an x-ray of the left patellofemoral joint. Recommendation was for an injection of the left knee and medications including Norco #90, Neurontin 600 mg #90, Nalfon 400 mg #60, Protonix 20 mg #60, and Effexor slow release 75 mg #60. There was a Request for Authorization submitted for review dated 10/06/2014. The injured worker underwent urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that special studies are not recommended to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation to support a necessity for x-rays of the left knee. There was a lack of documentation of a period of conservative care and observation. The rationale was not provided. Given the above and the lack of documentation, the request for x-ray of the left knee is not medically necessary.

1 Synvisc or hyalgan injections to the left knee: 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 & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The Official Disability Guidelines indicate that hyaluronic acid injections are recommended for severe osteoarthritis patients who have not responded adequately to recommended conservative care, including exercise, NSAIDs, or acetaminophen, or to partial or total knee replacement. Additionally, there should be documentation that pain interferes with functional activities and there should be documentation of a failure to adequately respond to aspiration and injection of intra-articular steroids. The patient should not promptly be a candidate for a total knee replacement. Additionally, hyaluronic acid injections are not recommended for chondromalacia patella, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis or patellofemoral syndrome. The clinical documentation submitted for review failed to provide the rationale for the requested injection. There was a lack of documentation indicating the injured worker had severe osteoarthritis or had pain interfering with functional activities. There was a lack of documentation indicating the injured worker was not a candidate for a total knee replacement and there was a lack of documentation indicating the injured worker had a failure to respond to aspiration and injection of intra-articular steroids. Given the above, the request for 1 Synvisc or Hyalgan injection to the left knee is not medically necessary.

Urine drug screen: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine drug screen is not medically necessary.

Pantoprazole 20 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The injured worker was not noted to be at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the request was for a refill of medication. However, the efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #60 is not medically necessary.

Nalfon 400 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. It is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to meet the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nalfon 400 mg #60 is not medically necessary.

Norco 10/325 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation that the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 is not medically necessary.

Left knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consideration is appropriate for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strengthen musculature around the knee. There was a lack of documentation of activity limitation and there as well a lack of documentation of a failure of exercise programs to increase range of motion and strengthen musculature. The conservative care was not provided. The request as submitted failed to indicate the specific surgical intervention being requested. Given the above, the request for left knee surgery is not medically necessary.