MAXIMUS Federal Services

Case Number:	CM15-0145090		
Date Assigned:	08/06/2015	Date of Injury:	11/22/2013
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 11-22-2013. She reported a trip and fall over a box, resulting in injury to the right knee. The injured worker was diagnosed as having history of congestive heart failure, advanced chondromalacia and arthritis of the right knee. Treatment to date has included x-ray of the right knee (12-18-2014), medications, physical therapy, cane, TENS unit. The request is for Norco, and a walker. Several pages of the medical records have hand written information, which is difficult to decipher. On 7-18-2014, a prescription was written for a TENS unit for home unit for the right knee due to severe degenerative joint disease and a prescription for a cane was written. On 7-29-2014, she reported persistent right knee pain with difficulty walking and affecting her low back. Her gait is noted to be abnormal. She is wearing a knee brace. She is noted to have pain on palpation, along with moderate to severe swelling at the right knee. The treatment plan included: electrical stimulation versus massage. On 8-28-2014, she reported continued right knee pain making it difficult to walk and causing low back and left knee pain. She indicated her current treatment including medications is helping to alleviate her pain. She has pain and tenderness to the right knee and an abnormal gait. The treatment plan was to continue conservative care. On 12-22-2014, she reported pain to the right hip and right knee. She rated her pain 8 out of 10 at rest and 10 out of 10 with activity. On 6-8-2015, she was noted to have last been seen on 4-20-2015. The provider indicated she was referred to internal medicine for evaluation for medical clearance for an operation. The operation needed is a total knee joint replacement. On this date she reported pain to the low back, right hip and right knee. She rated her pain 8 out of 10 at rest and with

activity. She is ambulating with a cane. Physical findings revealed: she was unable to perform any squatting, limited range of motion to the right knee, stable right knee to clinical testing for side to side stability, effusion is noted at the knee with it being globally sore and tender, and good pulses are present at the knee and ankle. The treatment plan included: Norco, and a replacement walker. She is off work for the next 3 months. A written prescription on 6-8-2015 indicated her walker was broken and she needed a replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80, 1 every 8 hours: 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): 74-94.

Decision rationale: The patient presents with diagnoses that include congestive heart failure, advanced chondromalacia and arthritis of the right knee. The current request is for Norco 10/325mg, quantity 80. The treating physician states in the treating report dated 6/8/15 (17B), "The patient was issued prescriptions for Norco 10-325 q.8h for pain, #80." The physician goes on to state, "The patient confirms the necessity for pain medication for pain relief. She indicates improvement with activities of daily living, no escalation in use, and no adverse side effects taking prescribed medication." The patient is currently TTD and is not working. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. While the treating report dated 7/22/15 (4C) does offer a brief narrative on the patient's pain diagram and current pain level, MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

Walker Aid: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Walking aids.

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 (Acute & Chronic) Chapter/ Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The patient presents with diagnoses that include congestive heart failure, advanced chondromalacia and arthritis of the right knee. The current request is for a walker aid. The patient requires a total right knee joint replacement pending clearance from her cardiologists. The treating physician states in the treating report dated 6/8/15 (16B), "The patient is using a cane at the present moment. She would normally use a walker aid, but the walker aid is broken, and a replacement walker aid is requested." The utilization review dated 7/1/15 (8A) states, "concerning the use of a walker aid, this appears appropriate with documentation noting use of a cane due to a broken walker and clearly evident advanced arthritic right knee pain." MTUS Guidelines are silent regarding the use of a walker aid. ODG states, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." ODG goes on to state, "Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease." In this case, the clinical history clearly documents the patient suffers from advanced arthritic right knee pain as well as the fact that the patient had previously been issued a walker and due to its mechanical failure the patient has now been forced to use a cane. A replacement walker is supported and requested by the patient and treating staff and is consistent with ODG. The current request is medically necessary.