

Case Number:	CM15-0145445		
Date Assigned:	08/06/2015	Date of Injury:	12/29/2007
Decision Date:	09/09/2015	UR Denial Date:	06/24/2015
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 60 year old female, who sustained an industrial injury on December 29, 2007. The injured worker was diagnosed as having bilateral knee osteoarthritis, lumbar radiculopathy and severe lumbar degenerative disc disease (DDD). Treatment to date has included x-rays and medication. A progress note dated May 14, 2015 provides the injured worker complains of back pain and bilateral knee pain. She rates her low back and right knee pain 7 out of 10 and the left knee pain 8 out of 10. The back pain radiates to the lower extremities. Physical exam notes tenderness to palpation of bilateral knees, decreased range of motion (ROM) and difficulty standing from a seated position. The plan includes orthopedic consultation, Tramadol, canes, and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation to discuss platelet-rich plasma (PRP) injections qty: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient bilateral knee pain and lumbar pain. The current request is for orthopedic consultation to discuss platelet-rich plasma (PRP) injections qty 1. On 4/6/15, Utilization Review authorized an orthopedic evaluation to discuss options for treatment of the bilateral knee. The treating physician report dated 5/15/15 (116c) states, "We did discuss PRP today per patient inquiry. Patient desires second opinion and further discussion in this regard." The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is required to help determine the best course of care. The current request is medically necessary.

Tramadol 50mg qty :60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient bilateral knee pain and lumbar pain. The current request is for Tramadol 50mg qty 60. The treating physician states, "Prescribed Tramadol 50mg twice a day #60. We will monitor." Current medications include Tramadol 50mg twice a day and Naproxen. 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 4A's (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, the treating physician has not documented that the patient has any relief with medication usage. There are no before or after pain scales used. There is no discussion regarding ADLs or any functional improvements with medication usage. There is no mention of side effects or aberrant behaviors. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary.

Cane qty: 2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knees Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The patient bilateral knee pain and lumbar pain. The current request is for Cane qty 2. The treating physician states, "Continue with request for 2 canes so that when necessary, at times, patient may use bilaterally. Patient does continue to complain of instability, at times more pronounced." The treating physician also documents that the patient has difficulty arising from a seated position. The ODG guidelines recommend the usage of canes for patients with arthritis and instability. The current request is medically necessary.