

Case Number:	CM15-0145488		
Date Assigned:	08/06/2015	Date of Injury:	05/05/2014
Decision Date:	09/03/2015	UR Denial Date:	07/22/2015
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: 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 44-year-old male who sustained an industrial injury on 5/5/14. Injury occurred when he stepped into a hole and fell while running down a hill, with onset of acute right knee pain and swelling. He was diagnosed with a right tibial plateau fracture. The 5/5/14 right knee MRI impression documented a suboptimal MRI examination due to patient motion artifact. There was acute/sub acute non-displaced intra-articular fracture involving the lateral tibial plateau, associated with bone marrow edema. There was 9 mm chondral delamination involving the lateral tibial plateau, and large lipohemarthrosis. Treatments to date included activity modification, knee immobilizer brace, assistive devices, physical therapy, acupuncture treatments, and therapeutic joint injections. The 3/12/15 treating physician report cited improvement in right knee pain following corticosteroid injection. He reported intermittent swelling, grinding, and some instability walking long distance and stairs. He was using a cane with noticeable limp. Right knee exam documented tenderness at the lateral tibial plateau and medial sub-condylar tibial plateau with percussion. Range of motion was 0-120 degrees with patellofemoral crepitus. X-rays showed moderate osteoarthritis of the patellofemoral and medial joint line. The treatment plan recommended a knee brace and updated MRI. The injured worker would be a candidate for a possible total knee replacement in the future. Medications, including Naprosyn and Tramadol. The 3/24/15 right knee MRI documented partially discoid morphology of the lateral meniscus with no definite tear. There was interval complete healing of previously seen lateral tibial plateau fracture. There was a full thickness cartilage fissure in the lateral tibial plateau with underlying subchondral bone marrow edema, chronic medial collateral ligament

strain, and cartilage fissures in the patellar apex. The 7/15/15 treating physician report cited grade 9/10 right knee pain without medications that reduces to grade 2-3/10 and function improved with medication. Medications had been denied in utilization review resulting in a severe increase in pain and swelling. He reported increased pain with walking and at night. He was ambulating with a cane and reported compensatory left knee pain. Right knee exam documented tenderness at the lateral tibial plateau and medial sub-condylar tibial plateau with percussion. Range of motion was 0-135 degrees with patellofemoral crepitus. McMurray and Apley's tests were positive medially and laterally. There was moderate effusion. The treatment plan recommended right knee diagnostic arthroscopy as the injured worker had failed all conservative treatment. Authorization was requested for right knee arthroscopy and one prescription of Tramadol 50mg #90 with one refill. The 7/22/15 utilization review non-certified the request for right knee arthroscopy as there was no imaging or confirmatory exam findings of meniscal tear, and the provider had recommended total knee replacement. The request for one prescription of Tramadol 50 mg #90 with one refill was modified to one prescription of Tramadol 50 mg #90 with no refill as on-going monitoring is required. The 7/23/15 bilateral standing knee x-rays documented mild medial compartment osteoarthritis bilaterally. There was a bony exostosis along the medial left tibial metaphysis. This finding was reported as benign radiographically and could represent a tug lesion at the attachment of the muscle versus bony exostosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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: Diagnostic arthroscopy.

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 recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have been met. This injured worker presents with persistent right knee pain with swelling and mechanical symptoms. There is significant functional limitation documented. Clinical exam findings are consistent with meniscal tear but imaging was inconclusive in that regard. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

1 prescription of Tramadol 50mg #90 with 1 refill: 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 Ultram, 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. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. This injured worker has been prescribed Tramadol since 3/12/15 with significant pain reduction and functional benefit consistently documented. The 7/22/15 utilization review modified the request for one prescription of Tramadol 50 mg #90 with one refill to one prescription of Tramadol 50 mg #90 with no refill noting the need for on-going documentation of pain relief and functional benefit. There is no compelling rationale to support the medical necessity of an additional prescription of Tramadol, pending on-going documentation of benefit and need in the post-operative period. Therefore, this request is not medically necessary.