

Case Number:	CM15-0161269		
Date Assigned:	08/28/2015	Date of Injury:	07/02/2013
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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, Oregon, Washington
 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:

The injured worker is a 53 year old male, who sustained an industrial injury to his left knee and left ankle on 07-02-2013. The injured worker is currently full duty. Current diagnoses include status post left knee arthroplasty with partial medial meniscectomy with chondroplasty and left knee arthrotomy with placement of Arthro-surface implant with persistent pain and signs of degenerative changes. Treatment and diagnostics to date has included left knee surgery, X-rays, and medications. Current medications include Atorvastatin, Levothyroxine, and Bupropion. In a progress note dated 06-23-2015, the injured worker reported constant left knee pain rated at 1 out of 10 on the pain scale. Depending on the level and type of activity, his maximum pain level is noted as a 7 out of 10. The physician noted that left knee X-rays performed on 06-23-2015 demonstrate an Arthro-surface implant and significant medial tibial plateau osteophyte. The physician also noted left knee MRIs performed on 08-13-2013 and 03-19-2014 which were prior to the injured workers left knee surgery dated 04-22-2014. Objective findings included ambulating with a limp on the left, medial joint line tenderness to the left knee. The treating physician reported requesting authorization for postoperative Ambien, purchase of a front wheeled walker, follow up and outpatient treatment until medically cleared, and 3-5 day inpatient hospital stay. Left knee surgery has already been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien).

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 6/23/15 of insomnia to warrant Ambien. Therefore the determination is the request is not medically necessary.

Three to five day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following total knee arthroplasty. According to ODG Knee and Leg, 3 days is the best practice for a knee replacement. In this case the 5 day request exceeds the 3 day inpatient stay and the request is therefore not medically necessary and appropriate.

Associated Surgical Service: Follow up and treatment until medically cleared: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Arthroplasty, Criteria for knee joint replacement.

Decision rationale: This proposed surgery of a total knee arthroplasty has been approved. Thus the postoperative follow-up is medically necessary.

Associated Surgical Service: Front wheel walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Assistive Devices.

Decision rationale: Per the ODG, "Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease." As this patient has OA of the knee and is going to undergo a total knee arthroplasty the use of a front wheel walker is reasonable and medically necessary.

Associated Surgical Service: Cold therapy unit and pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is the request is not medically necessary.