

Case Number:	CM15-0163742		
Date Assigned:	09/01/2015	Date of Injury:	12/14/2010
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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: New York
 Certification(s)/Specialty: Internal 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 55 year old female who sustained an industrial injury on 12-14-2010. The worker sustained injuries to the right ankle and right knee as the result of a twisting injury. Previous treatments included medications, surgical intervention, physical therapy, psychiatric evaluations, massage, chiropractic, and home exercises. Report dated 08-04-2015 noted that the injured worker presented with complaints that included ongoing back pain, pain in both knees, and intermittent ankle pain. The treating physician noted that the injured worker's right knee brace has completely worn out. Pain level was not included. Physical examination was positive for tenderness across the lumbar paraspinal muscles, pain along both knees right and left, and tenderness along the joint line, medially and laterally. Current diagnoses include internal derangement of the knee on the right status post meniscectomy, internal derangement of the left knee, discogenic lumbar condition, injury to the right ankle along the talofibular ligament, and due to the chronic pain and inactivity, the patient has gained 33 pounds, issues with sleep, stress and depression. The treatment plan included requests for standing x-ray and MRI of the left knee, Norco, Naproxen, tramadol ER, Flexeril, Neurontin, trazodone, and AcipHex, hinged knee brace for the right knee, and physical therapy 12 sessions for the lower back. The requesting physician documented that the injured worker has not received any diagnostics to date for the left knee. The injured worker is temporarily totally disabled and has not worked since 05-14-2011. Disputed treatments include tramadol, Flexeril, MRI without contrast of the left knee, x-ray anterior-posterior lateral standing of the left knee, hinged knee orthosis-right knee, and defiance brace molded plastic-lower knee addition and upper knee addition right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case the injured worker has complaints of low back, bilateral knee, and intermittent ankle pain. Previous treatments have not been successful in increasing the injured worker's functional improvement. The injured worker continues to be temporarily totally disabled and medical appointments continue at the same monthly frequency. The prescribing physician did not include an evaluation of the response to the pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Therefore the request for tramadol ER 150mg #30 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation supports that the injured worker has been prescribed Flexeril since at least 07-02-2015 at which time there was no spasms noted on physical examination. Report dated 08-04-2015 did not reveal muscle spasms

on physical examination. Guidelines do not support use for longer than a 3-4 week period. Medical necessity has not been established since there are no findings of muscle spasms on physical examination and an additional course of Flexeril would exceed the recommended guidelines. Therefore the request for Flexeril 7.5mg #60 is not medically necessary.

MRI with contrast left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee/leg, Indications for imaging-MRI (magnetic resonance imaging): Acute trauma to the knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI.

Decision rationale: The California MTUS and ACOEM guidelines note that, "in absence of red flags (such as fracture-dislocation, infection, or neurologic-vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical examination, MRI is recommended." The Official Disability Guidelines recommends plain radiographs in the absence of signs and symptoms of internal derangement red flags. Within the documentation submitted for review, there is no evidence of locking, catching, or objective evidence of ligamentous or meniscal injury on physical examination. Physical examination performed on 08-04-2015 revealed pain along both knees right and left, and tenderness along the joint line, medially and laterally. There was no documentation of swelling or stiffness to support an effusion or internal derangement. Therefore the request for MRI with contrast left knee is not medically necessary.

X-ray A/P Lateral standing x-ray of the left knee QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter; Indications for imaging-X-rays.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out.

For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." There is no history of recent trauma or significant change in injured worker's complaints. There is insufficient documentation regarding clinical indications for the need of an x-ray of the knee. Therefore, the requested treatment of an x-ray of the left knee is not medically necessary.

Hinged knee orthosis, right knee #1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter--Knee brace.

Decision rationale: As per ACOEM guidelines, knee bracing can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability but the benefits may be more emotional than medical. ACOEM indicates that usually knee bracing is only necessary if the patient is going to be stressing the knee under load and for the average patient is usually unnecessary. As per ODG, braces need to be used in conjunction with a rehabilitation program and are only necessary if the patient was going to be stressing the knee under load. ACOEM guidelines do not recommend knee bracing in most instances and as per ODG guidelines should only be used in conjunction with a rehabilitation program. The documentation submitted doesn't indicate that the injured worker would be stressing the knee under load or that the injured worker was actively participating in a rehabilitation program. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of such equipment , and also review of Medical Records do not indicate that in this injured worker, its previous use has been effective in maintaining any measurable objective evidence of functional benefits. Therefore, there is insufficient documentation to support medical necessity and the request for Hinged knee orthosis, is not medically necessary.

Definace brace molded plastic, lower addition and upper knee addition right knee #1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee braces.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter--Knee brace.

Decision rationale: As Per the CA MTUS, ACOEM guidelines, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL)

instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The provider does not state why the injured worker needs a knee brace. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker, had any significant improvements from use of such equipment , and also review of Medical Records do not indicate that in this injured worker, its previous use has been effective in maintaining any measurable objective evidence of functional benefits. The requested treatment: Defiance brace molded plastic, lower addition and upper knee addition right knee #1 is not medically necessary.