

<b>Case Number:</b>	CM15-0168025		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 65 year old female, who sustained an industrial injury on 05-13-2014. The injured worker is currently temporarily totally disabled. Current diagnoses include advanced severe post traumatic degenerative arthrosis of the left knee. Treatment and diagnostics to date has included physical therapy, acupuncture, shock wave treatments, x-rays, and medications. In a progress note dated 07-23-2015, the injured worker reported constant pain in her left knee. Objective findings included tenderness to palpation over the medial and lateral left knee joint lines with limited range of motion and crepitation upon ranging and positive grind test and weakness to the left knee. The physician noted that a left knee MRI dated 07-15-2014 showed thinned cartilage of the medial femoral condyle and medial tibial plateau, marginal osteophyte at the medial femoral condyle, medial tibial plateau, and lateral femoral condyle, lateral meniscus notes increased linear signal in the body of the meniscus, thinned cartilage of the patella and femoral trochlea, subchondral cysts in the posterior aspect of the patella, and knee joint effusion. The Utilization Review with a decision date of 08-10-2015 non-certified the request for total knee arthroplasty of the left knee, Axid 150mg #60, and Tramadol 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total knee arthroplasty left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & 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 arthroplasty: Criteria for knee joint replacement.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty; Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 7/23/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the determination is for non-certification and therefore is not medically necessary.

**Axid 150mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Nexium and Prilosec or histamine blockers such as Axid for the treatment of GERD. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)". In this particular case there is insufficient evidence in the records from 7/23/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Axid is not medically necessary and non-certified.

**Tramadol 50mg #120:** 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, specific drug list.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 7/23/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is noncertified.