

<b>Case Number:</b>	CM15-0193337		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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

Certification(s)/Specialty: Emergency 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 58 year old male injured worker suffered an industrial injury on 7-2-2012. The diagnoses included 6-10-2015 PCL ligament reconstruction with allograft, partial lateral meniscectomy and medical cruciate ligament reconstruction with early medical compartment chondral injury. On 6-1-2015 the provider noted x-rays showed visualization of the previous PCL tunnels without significant osteolysis. They appear to be in reasonable position with previous ligament fixation hardware. On 8-24-2015 the treating provider reported the right knee was improving but still had stiffness but had improved daily activity tolerance. He had been using a compression brace but it caused irritability on the knee. The provider recommended topical compounds on the medical incision, which had hypersensitivity. The provider noted the injured worker had a very small leg anatomically as well as atrophy so he would need custom sizing on the PCL brace. The provider noted that on the next visit he requested the requested x-rays to see if he can progress the activity. He had been attending physical therapy at least 8 sessions. The Utilization Review on 9-10-2015 determined non-certification for Posterior cruciate ligament (PCL) brace, X-ray exam of the knee (bilateral AP standing & right knee 3-view x-ray series), quantity 2, Topical cream: 10% Cyclobenzaprine, 2% Lidocaine 30 grams and Topical cream: 10% Gabapentin, 5% Amitriptyline, 0.025% Capsaicin 30 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Posterior cruciate ligament (PCL) brace: 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 Official Disability Guidelines (ODG) Knee and leg/Knee brace.

**Decision rationale:** The request is for a knee brace. The ODG guidelines state the following regarding this topic: Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. In this case, there is adequate documentation of a qualifying condition for a custom-fabricated knee brace. This is secondary to leg atrophy, which requires customization as reflected above. As such, the request is certified. Therefore, the requested treatment is medically necessary.

**X-ray exam of the knee (bilateral AP standing & right knee 3-view x-ray series), quantity 2: Upheld**

**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 Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)/Radiography (x-rays).

**Decision rationale:** The request is for x-rays of the knee. The ODG guidelines state the following: Recommended. In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence. A negative result on an Ottawa knee rule test accurately excludes knee fractures after acute knee injury. The pooled negative likelihood ratio is 0.05, the pooled sensitivity is 98.5%, and the pooled specificity is

48.6%. (Bachmann, 2004) (Jackson, 2003) In an emergency room setting, in patients of any age except for infants, the clinical parameters used for not requiring an x-ray following knee trauma are as follows: Patient is able to walk without a limp, and Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee x-rays in this population following trauma are as follows: 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 in the emergency room or within a week of the trauma, and Inability to flex knee to 90 degrees. Normal x-ray results can be expected in the absence of immediate swelling, ecchymosis, deformity, increased warmth, or abrasion/laceration. A fracture can be excluded if the single lateral view of the knee is normal, eliminating the need for additional radiographic views. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, single photon emission computed tomography (SPECT) has also been reported to be accurate for diagnosing meniscal injuries, while sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) (Pavlov, 2000) (Goergen, 2000) Studies have suggested that the symptoms of knee osteoarthritis (OA) are rather weakly associated with radiographic findings and vice versa. Based on a review of all studies, the proportion of those with knee pain found to have radiographic osteoarthritis ranged from 15-76%, and in those with radiographic knee OA the proportion with pain ranged from 15% - 81%. The results of knee x rays should not be used in isolation when assessing individual patients with knee pain. (Bedson, 2008) See also ACR Appropriateness Criteria. Indications for imaging - X-rays: Acute trauma to the knee, fall or twisting injury, with one or more of following: focal tenderness, effusion, inability to bear weight. First study. Acute trauma to the knee, injury to knee >= 2 days ago, mechanism unknown. Focal patellar tenderness, effusion, able to walk. Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation. Non-traumatic knee pain, child or adolescent – non-patellofemoral symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). Non-traumatic knee pain, child or adult: patellofemoral (anterior) symptoms. Mandatory minimal initial exam. Anteroposterior (standing or supine), Lateral (routine or cross-table), & Axial (Merchant) view.- Non-traumatic knee pain, adult: non-trauma, non-tumor, non-localized pain. Mandatory minimal initial exam. Anteroposterior (standing or supine) & Lateral (routine or cross-table). (ACR, 2001) (Pavlov, 2000). In this case, the patient does not meet the criteria outlined for x-rays as stated above. There is no documentation of why repeating x-rays as opposed to a clinical examination is required prior to increasing activity. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.

**Topical cream: 10% Cyclobenzaprine, 2% Lidocaine 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties

and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of the topical muscle relaxant is not indicated for use for the patient's condition. The MTUS states the following regarding muscle relaxants used topically: "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As indicated above, due to inadequate clinical evidence of efficacy, the request is not certified. Therefore, the requested treatment is not medically necessary.

**Topical cream: 10% Gabapentin, 5% Amitriptyline, 0.025% Capsaicin 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines state "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, the use of gabapentin is not indicated for use for the patient's condition. This is secondary to poor clinical evidence of efficacy. As such, the request is not certified. Therefore, the requested treatment is not medically necessary.