

Case Number:	CM15-0195198		
Date Assigned:	10/09/2015	Date of Injury:	06/01/2009
Decision Date:	12/21/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, Oregon
 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 49 year old male who sustained an industrial injury June 1, 2009. Past history included left knee arthroscopy for meniscus tear repair, 2004. According to an orthopedic consultation report dated September 3, 2015, the injured worker presented with complaints of weight bearing pain climbing and descending stairs. He reported having lost 50 pounds over the past two years which has helped his condition and over the course of care, has received cortisone injections with some benefit, and a PRP (platelet rich plasma) injection which helped for a day or two. He is currently working full duty without restrictions. Objective findings included: 6' and 240 pounds; cervical- negative Spurling's, foraminal compression test, Adson's tests and Roo's; lumbar spine-negative straight leg raise and FABER test, no sensory deficits; left knee- 5 degree valgus position with no effusion, tender with patellofemoral excursion testing, range of motion 0-125 degrees, pain on terminal flexion, positive McMurray's laterally, negative McMurray's medially, pain with clicking and popping along the lateral compartment, strength 4 out of 4 quadriceps and 5 out of 5 hamstrings, circulation warm and pink distally with good capillary fill. The physician described an MRI of the left knee(not dated) as; shows squaring of the lateral femoral condyle with lateral osteophyte formation; loss of cartilage is noted in the lateral compartment; bone on bone degeneration is noted; mild patellofemoral effusion noted; advanced degenerative joint disease of the patellofemoral joint is not seen; the medial compartment is well preserved; there is no medial meniscus tear. A report is not present in the medical record. Diagnoses are left knee lateral compartment degenerative joint disease; mild patellofemoral synovitis. At issue, is a request for authorization for Ultram 150mg Quantity: 30, Anaprox

550mg Quantity: 90, Left knee partial replacement of the lateral compartment, post-operative left knee brace Quantity: (1) and left knee physiotherapy Quantity: (12), Medical clearance, pre-operative EKG (electrocardiogram) and chest x-ray. According to utilization review dated September 16, 2015, the request for a standing left knee x-ray quantity: (1) was certified. The request for Ultram 150mg Quantity: 30 were modified to Ultram 150mg Quantity: 27. The requests for Anaprox 550mg Quantity: 90, Left knee partial replacement of the lateral compartment, post-operative left knee brace Quantity: (1) and left knee physiotherapy Quantity: (12), Medical clearance, pre-operative EKG and chest x-ray were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee partial replacement of the lateral compartment QTY 1: Upheld

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

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of unicompartamental knee replacement. According to the ODG Knee and Leg section, unicompartamental knee replacement is an option if one compartment is involved. Guideline criteria for knee arthroplasty includes conservative care consisting of supervised therapy or home exercise program and medications, plus documentation of limited range of motion. In addition, complaints of night joint pain, no pain relief with conservative care and documentation of current functional limitations when the patient is over 50 years of age with a body mass index of less than 35. In addition there must be documentation of significant loss of chondral clear space in at least 1 of 3 compartments. In this case, age is less than 50 and there are no standing radiographs demonstrating clear chondral loss in only 1 compartment. The request is not medically necessary.

Anaprox 550mg QTY 90: 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): NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam notes. Therefore the request is not medically necessary.

Ultram 150mg QTY 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 for chronic pain.

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 failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary.

Left knee brace postoperative QTY 1: Upheld

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

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Medical clearance QTY 1: 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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative EKG QTY 1: 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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative Chest x-ray QTY 1: 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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post operative left knee physiotherapy QTY 12: 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.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.