

Case Number:	CM15-0197705		
Date Assigned:	10/16/2015	Date of Injury:	05/31/1989
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 5-31-89. The injured worker reported right knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for status post right knee arthroscopy and right knee advanced medial compartment osteoarthritis. Medical records dated 9-17-15 indicate right knee pain rated at 5 to 6 out of 10. Provider documentation dated 9-17-15 noted the work status as temporary totally disabled. Treatment has included orthovisc injections, Tylenol number 3, knee brace, activity modification, cortisone injection, physical therapy, radiographic studies, and magnetic resonance imaging. Objective findings dated 9-17-15 were notable for decreased extension upon range of motion testing, patellofemoral crepitus, tenderness to palpation at the patellofemoral joint with patellofemoral compression testing positive, tenderness to the medial joint line and positive compression rotation testing for meniscal tear. The original utilization review (9-30-15) partially approved a request for 1 Referral to surgeon re: TKA and Tylenol with codeine #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to surgeon re: TKA: 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 & Leg (Acute and Chronic) Knee Joint replacement (2015).

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: Knee joint replacement.

Decision rationale: The request is considered medically necessary. The patient met most of the criteria for evaluation for TKR. The patient was older than 50 with a BMI of <40. The patient had night pain and was unable to perform all her duties as a teacher. The patient is able to function but not without pain. Conservative therapy has been ineffective so far. Therefore, it is reasonable to evaluate for a TKA.

Tylenol with codeine #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for osteoarthritis, Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request for Tylenol #3 is not medically necessary. Tylenol #3 contains codeine and acetaminophen. The chart does not provide any documentation of improvement in pain and function with the use of Tylenol #3. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Tylenol #3, the long-term efficacy for chronic pain is limited, and there is high abuse potential, the request is considered not medically necessary.