

Case Number:	CM15-0034373		
Date Assigned:	03/02/2015	Date of Injury:	01/07/2009
Decision Date:	04/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 1/7/2009. The details of the initial injury were not submitted for this review. The diagnoses have included internal derangement of bilateral knee, and issues with sleep, stress and depression. He is status post left knee arthroscopy with meniscectomy. Treatment to date has included medication therapy, left knee brace, hot/cold wraps and Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, and joint injections. Currently, the IW complains of bilateral knee pain, left knee is described as dull and right knee is described as sharp. The physical examination from 1/19/15 documented a standing fluoroscopy of the left knee revealed 1-2 mm articular surface left. The plan of care-included continuation of previously prescribed medication, laboratory evaluation, bilateral x-ray to knees, and fluoroscopy completed on that same date. On 1/30/2015, Utilization Review non-certified x-rays of bilateral knees and left knee fluoroscopy, noting the documentation did not support that the guidelines had been met. The MTUS and ACOEM Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of x-rays of bilateral knees and left knee fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 x-ray bilateral knees between 1/19/15 and 3/25/15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 339, 346.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association, Guides to the Evaluation of Permanent Impairment, 5th Edition, Chapter 17, The Lower Extremities, page 544, for Arthritis.

Decision rationale: The 1/30/15 Utilization Review letter states the Prospective request for 1 x-ray bilateral knees between 1/19/15 and 3/25/15 requested on the 1/19/15 medical report was denied because there was no evidence of acute trauma, no joint effusion, no notation of inability to bear weight, no patellofemoral symptoms and no non-localized pain. Additionally, the patient had x-rays in May 2013, and a fluoroscopy study on 1/19/15. According to the 1/19/15 orthopedic report, the patient presents with dull left knee and sharp right knee pain. Pain increases with standing over 15 mins or walking over 150 yards. He stopped working in 11/2009. He receives Social Security Disability. The orthopedist requests standing knee x-rays and injections to both knees, and performs left knee fluoroscopy today. He is achieving permanent and stationary status. He needs to be rated. It appears that the orthopedist requested standing knee x-rays for impairment rating. MTUS/ACOEM does not discuss x-rays for impairment or cartilage interval measurements, so other guidelines were utilized. The American Medical Association, Guides to the Evaluation of Permanent Impairment, 5th Edition, Chapter 17, The Lower Extremities, page 544, for Arthritis, states: "The best roentgenographic indicator of disease stage and impairment for a person with arthritis is the cartilage interval or joint space. The hallmark of all types of arthritis is thinning of the articular cartilage; this correlates well with disease progression." And "The need for joint replacement or major reconstruction usually corresponds with complete loss of the articular surface (joint space). The impairment estimates in a person with arthritis (Table 17-31) are based on standard x-rays taken with the individual standing, if possible." The orthopedist states the patient is nearing permanent and stationary status and needs to be rated. He requested standing knee radiographs which are required to measure cartilage interval for a rating in accordance with the AMA guidelines. The AMA guidelines also state the need for joint replacement or major reconstruction corresponds with loss of the articular surface/joint space. The request appears necessary for treatment or future medical planning as well as for impairment rating. The request for "Prospective request for 1 x-ray bilateral knees between 1/19/15 and 3/25/15" is medically necessary.

Prospective request for 1 left knee fluoroscopy between 1/19/15 and 1/19/15: 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 Center for Joint Therapy at <http://www.workingknees.com/fluoroscope.php>.

Decision rationale: The 53 year old patient complains of pain, spasms and numbness in bilateral knees, as per progress report dated 01/19/15. The request is for prospective request for 1 left

knee fluoroscopy between 01/19/15 to 01/19/15. The RFA for the case is dated 01/19/15, and the patient's date of injury is 01/07/09. Diagnoses, as per progress report dated 01/19/15, included internal derangement of bilateral knees, weight gain, sleep, stress and depression. Medications included Norco, Flexeril, Nalfon and Lunesta. The pain is rated at 5-6/10 and is accompanied by weakness in the legs, as per progress report dated 09/05/14. The patient is status post left knee arthroscopy, synovectomy, chondroplasty and meniscectomy, as per progress report dated 03/21/14. The patient is not working, as per progress report dated 01/19/15. MTUS, ACOEM and ODG guidelines do not discuss the fluoroscopy of the knee. As per Center for Joint Therapy at <http://www.workingknees.com/fluoroscope.php>, "Fluoroscopy is a study of moving body structures - similar to an x-ray "movie". A continuous x-ray beam is passed through the body part being examined, and is transmitted to a TV-like monitor so that the body part and its motion can be seen in detail. Fluoroscopy is used in many types of examinations and procedures, such as barium x-rays, cardiac catheterization, arthrography (visualization of a joint or joints), lumbar puncture, placement of intravenous (IV) catheters (hollow tubes inserted into veins or arteries), intravenous pyelogram, hysterosalpingogram, and biopsies." "In this case, the request for left knee fluoroscopy is noted in progress report dated 01/19/15. In fact, the patient has already undergone the procedure during the visit, as per the report. The treating physician states that "Left knee fluoroscopy done today," but does not explain the purpose of this request, the medical rationale for performing the test or the test results. None of the guidelines discuss this procedure. The progress reports lack documentation of medical necessity to perform this test, which is required to make a determination. Hence, the request is not medically necessary.

Prospective request for unknown prescription of Nalfon between 1/19/15 and 3/25/15:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 60, 22.

Decision rationale: The 53 year old patient complains of pain, spasms and numbness in bilateral knees, as per progress report dated 01/19/15. The request is for prospective request for unknown prescription of nalfon 01/19/15 & 01/19/15. The RFA for the case is dated 01/19/15, and the patient's date of injury is 01/07/09. Diagnoses, as per progress report dated 01/19/15, included internal derangement of bilateral knees, weight gain, sleep, stress and depression. Medications include Norco, Flexeril, Nalfon and Lunesta. The pain is rated at 5-6/10 and is accompanied by weakness in the legs, as per progress report dated 09/05/14. The patient is status post left knee arthroscopy, synovectomy, chondroplasty and meniscectomy, as per progress report dated 03/21/14. The patient is not working, as per progress report dated 01/19/15. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naflon is only noted in progress report dated 01/19/15. It is not clear if this is the first prescription or if the patient has used the NSAID in the past. The UR letter, however, states that the patient has been using the medication "on a long-term basis." The treating physician does not document its impact

on pain and function. Additionally, the request does not include quantity and duration of use. Hence, the request is not medically necessary.

Prospective request for unknown prescription for Flexeril between 1/19/15 and 3/25/15:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 53 year old patient complains of pain, spasms and numbness in bilateral knees, as per progress report dated 01/19/15. The request is for prospective request for unknown prescription of flexeril 01/19/15 & 01/19/15. The RFA for the case is dated 01/19/15, and the patient's date of injury is 01/07/09. Diagnoses, as per progress report dated 01/19/15, included internal derangement of bilateral knees, weight gain, sleep, stress and depression. Medications include Norco, Flexeril, Nalfon and Lunesta. The pain is rated at 5-6/10 and is accompanied by weakness in the legs, as per progress report dated 09/05/14. The patient is status post left knee arthroscopy, synovectomy, chondroplasty and meniscectomy, as per progress report dated 03/21/14. The patient is not working, as per progress report dated 01/19/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Flexeril is only noted in progress report dated 01/19/15. It is not clear if this is the first prescription or if the patient has used the muscle relaxant in the past, although the UR letter states that the patient has been using the medication for "several years." The treating physician does not document its impact on pain and function. Additionally, MTUS recommends only short-term use and the request does not include quantity and duration of use. Hence, the request is not medically necessary.