

Case Number:	CM15-0040900		
Date Assigned:	03/11/2015	Date of Injury:	12/11/2006
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 52-year-old male, who sustained an industrial injury on 12/11/2006. Currently he reported persistent left knee pain. The injured worker was diagnosed with frequent, and/or impressions were noted to include: left knee pain status-post left knee arthroscopies, x 3, status-post anterior cruciate ligament graft reconstruction, without complications; and grade 1-2 chondromalacia; left knee arthritis and primary osteoarthritis left leg; and obesity industrial. Treatments to date have included consultations, diagnostic magnetic resonance imaging studies (12/18/12); weight loss program; left knee brace; and medication management. The progress notes, dated 12/29/2014, are hand written and mostly illegible, noting left knee pain, severe degenerative joint disease, x-ray, and crepitus; with a treatment plan that included an x-ray, surgery, and that he is unable to work until the post-operative follow-up. The primary physician progress notes, dated 2/4/2015, do not state subjective complaints but state he is doing well on his pain medications, waking up with left leg cramping, is wearing his left leg brace, and that his medications would be refilled, that the 12/2014 orthopedic surgeons notes would be requested, and he needed to return in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Arthroplasty.

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 2/4/15 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. Therefore, the request is not medically necessary.

Zanaflex 4mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from 2/4/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore the determination is for non-certification, and not medically necessary.

Lunesta 3mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and stress chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. In this case, there is lack of documentation from the exam note of 2/4/15 of insomnia to support Lunesta. Therefore the determination is for non-certification, and not medically necessary.