

Case Number:	CM15-0064468		
Date Assigned:	04/10/2015	Date of Injury:	01/15/2010
Decision Date:	07/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 15, 2010. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Neurontin, a continuous passive motion machine four-week rental, and a cold wrap two-week rental; Norco was apparently partially approved. The claims administrator referenced a RFA form received on March 19, 2015 in its determination, along with an associated progress note dated March 17, 2015. The claims administrator contended that the applicant had undergone earlier total knee arthroplasty surgery in August 2014. The claims administrator did approve several medication requests and did apparently approve a total knee arthroplasty revision as well as a two-day hospitalization. The CPM machine four-week rental was apparently partially approved as a three-week rental, while the cold wrap two-week rental was partially approved as a one-week rental. The applicant's attorney subsequently appealed. In separate RFA forms dated March 19, 2015, a walker, cold wrap for two weeks, CPM machine for four weeks, knee arthroplasty component revision, and two-night hospitalization were sought, along with 24 sessions of postoperative physical therapy. In an associated progress note dated March 18, 2015, the applicant reported ongoing complaints of left knee pain. The attending provider stated in one section of the note that the applicant's knee prosthesis was well aligned with no signs of loosening. The attending provider then stated that the applicant's left knee was not functioning as well as the right knee. A palpable clicking about the knee was appreciated on further examination. The attending provider stated that the applicant's contralateral prosthesis was much more stable and had had an excellent outcome while the left knee prosthesis was less satisfactory. The attending provider suggested revising the applicant's prosthesis slightly. A CPM

machine, cold wrap, Norco, Celebrex, and Neurontin were sought, along with 24 sessions of postoperative physical therapy. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 quantity 90 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

Decision rationale: Yes, the request for Norco, a short-acting opioid was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco (hydrocodone-acetaminophen) is indicated in the treatment of moderate-to-moderately severe pain. Here, the applicant had received approval for a total knee arthroplasty prosthesis revision procedure. One could reasonably infer or extrapolate, thus, that the applicant would likely experience pain in the moderate-to-severe level postoperatively. Usage of Norco, thus, was indicated to combat the same. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for postoperative usage of Norco, it was therefore invoked.

Neurontin 300mg quantity 60 with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postop pain Page(s): 18.

Decision rationale: Similarly, the request for Neurontin (gabapentin) was likewise medically necessary, medically appropriate, and indicated here. As noted on page 18 of MTUS Chronic Pain Medical Treatment Guidelines, antiepilepsy drugs and/or anticonvulsant medications such as Neurontin (gabapentin) are an option for postoperative pain, resulting in decreased opioid consumption. Here, the request was framed as a postoperative/perioperative request following planned total knee arthroplasty revision surgery. Usage of Neurontin (gabapentin) was, thus, indicated for postoperative pain relief purposes, as suggested on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary. As with the preceding request, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 18 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for usage of Neurontin (gabapentin) postoperatively, it was therefore invoked.

Continuous Passive Motion machine-four weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines.

Decision rationale: Conversely, the request for a continuous passive motion device four-week rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of continuous passive motion (CPM) devices. However, the Third Edition ACOEM Guidelines Knee Chapter notes that continuous passive motion is not recommended for routine use for knee arthroplasty applicants. While ACOEM does qualify its unfavorable position by noting that CPM devices may be useful for select, substantially physically inactive applicants postoperatively, here, however, there was no mention of the applicant's being a substantially inactive individual. There was no mention of the applicant's having issues with obesity and/or significant immobility which would have compelled provision of the CPM device on or around the date in question, March 18, 2015. Therefore, the request is not medically necessary.

Cold Wrap -two weeks rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines.

Decision rationale: Finally, the request for a cold wrap two-week rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy. While the Third Edition ACOEM Guidelines Knee Chapter notes on page 646 that cryotherapy is recommended for select treatment of knee arthroplasty applicants, ACOEM qualifies its position by noting that the duration of treatment is for the "first several postoperative days with duration commensurate with extent of surgery." Here, the applicant was undergoing a revision of one component of the knee prosthesis and/or associated liner. It did not appear, thus, that the procedure in question was a relatively major procedure when contrasted against the original knee arthroplasty procedure. The two-week rental of the cold wrap device, furthermore, represents treatment in excess of the ACOEM position that cold therapy should be reserved for the "first several postoperative days." Therefore, the request is not medically necessary.