

Case Number:	CM14-0133034		
Date Assigned:	08/22/2014	Date of Injury:	01/07/2003
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old female with a reported date of injury on 01/07/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar disc displacement, left internal derangement of the knee, cervical degenerative disc disease and cervical radiculopathy. The progress note dated 02/04/2014 revealed complaints of left knee pain. The physical examination revealed the range of motion was 0 degrees to 110 degrees and a limp on ambulation. There was an antalgic type of limp to the right knee and ligaments were stable to stresses. The patella glided centrally with moderate crepitus. The x-ray examination revealed severe degenerative arthritis. The provider's impression was severe degenerative arthritis with failed conservative treatment. The provider indicated the injured worker was at very high risk for infection due to chronic obstructive pulmonary disease and along with her continued smoking and a body mass index of more than 35. The injured worker was to attempt to lose 12 pounds and bring her body mass index to 35 and quit smoking or switch to electronic cigarettes. The risks and benefits of total knee replacement were discussed in detail, including postoperative infection, neurovascular complications, bleeding, hematomas, pain and stiffness, blood clots, and other complications. The progress note dated 07/14/2014 revealed knee pain rated 2/10. The physical examination of the knees noted increased sensation and a decreased straight leg raise. The progress note dated 07/18/2014 revealed complaints of severe knee pain. The injured worker reported she had received moderate benefit from acupuncture. The injured worker reported pain in her cervical spine, bilateral shoulders, right lower extremity, and bilateral knees. She reported significant relief from past Synvisc injection series into the right knee. The physical examination of the cervical spine revealed decreased range of motion and pain with palpation along the right cervical paraspinal muscles as well as over the right facets. There was myospasms of the right cervical paraspinal, trapezius,

rhomboid, and levator scapulae muscles and myofascial trigger points with a twitch response and referral of pain. The physical examination of the right shoulder revealed pain with forward flexion and impingement syndrome. The physical examination of the lumbar spine revealed decreased range of motion and myofascial trigger points and a twitch response with referral of pain. The physical examination of the knees noted well healed total knee replacement on the left knee. The injured worker reported knee pain when she straightened her leg and had pain with range of motion of her right knee. The Request for Authorization form dated 07/17/2014 was for acupuncture 1 times a week times 10 weeks for pain, hydrocodone bitartrate/acetaminophen 10/325 mg #60 for pain, and a right total knee replacement for internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 X week for 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has utilized previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The Guidelines recommend the frequency and duration of acupuncture at 3 to 6 treatments, 1 to 2 times per week, with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is a lack of documentation regarding functional improvement and number of sessions completed with previous acupuncture therapy. Additionally, the request for 10 sessions of acupuncture exceeds Guideline recommendations. The request as submitted failed to provide the area of the body the acupuncture was going to be provided for. Therefore, the request for acupuncture once a week for 10 weeks is not medically necessary and appropriate.

Hydro bit/acet 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 12/2013. According the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status,

appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects. The urine drug screen performed 07/22/2014 was consistent with therapy. Therefore, despite consistent urine drug screens, without details regarding evidence of decreased pain on a numerical scale, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Hydro bit/acet 10/325 mg #60 is not medically necessary and appropriate.

Right total knee replacement: 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 joint replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee joint replacement.

Decision rationale: The injured worker has knee pain when straightening her leg and with performing range of motion. The injured worker is to discontinue smoking and lose 12 pounds prior to the total knee replacement arthroplasty. The California MTUS/ACOEM Guidelines states surgical considerations are supported for patients who have activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines (ODG) state criteria for a knee joint replacement state if two of the three compartments are affected, a total joint replacement is indicated. The Guidelines state exercise therapy (supervised physical therapy and/or home rehab exercises) and medications or injections; plus limited range of motion less than 90 degrees for total knee replacement, and night time joint pain, and no pain relief with conservative care, and documentation of current functional limitations demonstrating the necessity of interventions; plus the injured worker must be over 50 years of age and have a body mass index of less than 35, where an increased BMI poses elevated risk for postoperative complications; plus clinical imaging findings must be consistent with osteoarthritis documenting significant loss of chondral clear space in at least 1 of 3 compartments, with varus or valgus deformity showing an indication with additional strength; or previous arthroscopy. In this case, there is a lack of documentation regarding limited range of motion and night time joint pain as well as current functional limitations demonstrating the necessity of any intervention. The injured worker is over 50 years of age; however, the BMI is greater than 35 which increases postoperative complication risk. The x-ray examination revealed severe degenerative arthritis; however, there is a lack of documentation regarding a significant loss of chondral clear space and at least of 1 of the 3 compartments with varus or valgus deformity to meet guideline criteria for the requested surgery. Therefore, due to the lack of documentation, a total knee replacement is not appropriate at this

time. Therefore, the request for right total knee replacement is not medically necessary and appropriate.