

Case Number:	CM14-0135110		
Date Assigned:	08/29/2014	Date of Injury:	07/24/2012
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational Medicine 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 claimant was injured on 07/24/12. A motorized wheelchair, continuous passive motion machine, Cipro, hydromorphone, Lidoderm patches, and Voltaren gel are under review. The ciprofloxacin was recommended for a preop urinary tract infection prior to her knee replacement. Weaning of Hydromorphone was recommended by the physician advisor. The claimant has been diagnosed with a right knee sprain, posttraumatic arthritis and is status post right total knee replacement on 07/08/14. It is anticipated that the claimant will return to full duty with or without accommodations within 1-3 months and that she would take 3-12 months to recover from the surgery. She needed opiate medications and Colace for constipation due to the opiates along with Voltaren gel and Lidoderm patches. A wheelchair was recommended to facilitate mobility and recovery and return to work. She had previously used CPM. On 07/29/14, she had a healing vertical arthrotomy scar and had tenderness of the anterolateral proximal tibia with some local swelling. Her knee lacked of full extension. She did go approximately to 80° flexion. She saw [REDACTED] on 08/13/14 and had chronic pain and impaired mobility. He requested a trial of Tramadol. The other denials were appealed. She had improvement in her ability to stand and walk. She was participating in physical therapy. She was using a wheelchair. She was not flared up pushing the wheelchair and her shoulders were grossly intact. She was reportedly given Cipro preoperatively for urinary tract infection prior to the knee replacement. She had tried Norco but it gave her nausea and upset stomach and hydromorphone worked better. Her pain varied from 5-10/10. She still had decreased range of motion. She was 2 weeks postop with an excellent result.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized wheelchair: 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 Official Disability Guidelines (ODG): Knee and Leg - Walking Aids.

Decision rationale: The history and documentation do not objectively support the request for a motorized wheelchair. The MTUS do not address this type of device. The ODG state "recommend manual wheelchair if the patient requires and will use a wheelchair to move around in their residence, and it is prescribed by a physician. Reclining back option recommended if the patient has a trunk cast or brace, excessive extensor tone of the trunk muscles or a need to rest in a recumbent position two or more times during the day. Elevating leg rest option recommended if the patient has a cast, brace or musculoskeletal condition, which prevents 90-degree flexion of the knee, or has significant edema of the lower extremities. Adjustable height armrest option recommended if the patient has a need for arm height different than that available using non-adjustable arms. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the patient would be able to self-propel in the lightweight wheelchair. (CMS, 2007) For powered wheelchairs, see Power mobility devices (PMDs): Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. (CMS, 2006) Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." In this case, the claimant is already using a manual wheelchair and does not appear to be having any problems using it. She has been described as improving and it is not clear why she would now need a motorized wheelchair which would indicate that she was regressing and not making progress. The medical necessity of this request for a motorized wheelchair has not been clearly demonstrated.

CPM (continuous passive motion) machine (extension of use): Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for continued use of a CPM device. The MTUS do not address use of this type of device. The ODG state "Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary). 2) Anterior cruciate ligament reconstruction (if inpatient care)(3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005)For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:(a) complex regional pain syndrome;(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy.(2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies."In this case, the claimant has been described as participating in PT and there is no evidence that she cannot exercise her knee and needs this type of device for improved range of motion or to prevent knee stiffness. There is no evidence that she is at risk of developing stiffness despite other postoperative care. The medical necessity of this request for continuation of CPM has not been clearly demonstrated.

Cipro 500mg po bid x 5 days: 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 PDR, 2014, Ciprofloxacin.

Decision rationale: The history and documentation do not objectively support the request for Ciprofloxacin 500 mg p.o. BID x 5 days for a preoperative urinary tract infection prior to her knee surgery. The PDR recommend this medication when other first line antibiotics for urinary tract infections are found to be inappropriate, either due to lack of sensitivity of the responsible pathogen, allergies in the patient, or other variables. There is no evidence of recurrent UTIs or lack of response to trials of first line medications. The medical necessity of the request for Cipro has not been clearly demonstrated.

Hydromorphone 4mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone Page(s): 94 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, hydromorphone for continued postoperative use following total knee arthroplasty. The MTUS outlines several components of initiating and continuing opioid treatment and states

"a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of hydromorphone is unclear other than that she prefers it to other opioids. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of hydromorphone has not been clearly demonstrated.

Lidoderm patches QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 57 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches at this time. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received an oral opioid, also, and it is not clear what additional benefit was anticipated from the use of this topical agent or why two different topical agents were thought to be necessary. The medical necessity of this request for Lidoderm patches #30 with 2 refills has not been clearly demonstrated.

Voltaren Gel QTY: 3 tubes with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Voltaren gel. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received an oral opioid, also, and it is not clear what additional benefit was anticipated from the use of this topical agent or why two different topical agents were thought to be necessary. The medical necessity of this request for Voltaren gel 3 tubes with 2 refills has not been clearly demonstrated.