

Case Number:	CM14-0147613		
Date Assigned:	09/15/2014	Date of Injury:	05/16/2001
Decision Date:	11/19/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 77-year-old male who reported an injury on 05/16/2001 due to an unknown mechanism. Diagnosis was residuals of bilateral total knee replacements. Past treatments were physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, chiropractic sessions, and injections to both knees. The injured worker had total left knee replacement in 2011 and total right knee replacement in 2012. The physical examination on 08/08/2013 revealed that the injured worker was unable to kneel or squat. There was mild swelling of the right knee, moderate on the left. Range of motion for the right knee was -10 degrees to 80 degrees and range of motion for the left knee was -5 degrees to 95 degrees. Specialty tests: there was no crepitation of the knees; anterior drawer test was positive, 2 mm bilaterally; posterior drawer sign was negative bilaterally; patella apprehension testing was negative bilaterally; there was no medial collateral ligament laxity bilaterally; there was no lateral collateral ligament laxity bilaterally; Lachman's test was negative bilaterally; pivot shift test was negative bilaterally; Apley's grinding test was negative bilaterally; and McMurray's was negative bilaterally. X-rays of the knees revealed postoperative changes seen with bilateral knee replacements. These were uncemented components. Large threaded screws were present through the tibial base plate. The components were well aligned. It did not look like any cement was used on any of the components. The components were all in good position. There was good alignment of the knee joint without evidence of loosening, breakage, or migration. Medications were not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia, right knee repeat: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Manipulation under Anesthesia

Decision rationale: The decision for manipulation under anesthesia, right knee repeat is not medically necessary. The Official Disability Guidelines for manipulation under anesthesia is recommended as an option of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. Manipulation under anesthesia of the knees should be attempted only after a trial (6 weeks or more) of conservative treatment (exercise, physical therapy, and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. There was no documentation of exercise, physical therapy, and joint injections reported as failed. The examination note was dated 08/08/2013. There was no current pertinent information available. The clinical information submitted for review does not provide evidence to justify manipulation under anesthesia, for the right knee repeat. Therefore, this request is not medically necessary.

Norco 10/325mg # 96: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): 75, 78.

Decision rationale: The decision for Norco 10/325 mg quantity 96 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Medications for the injured worker were not reported. There was no functional improvement or measurable gains reported from the use of this medication. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Mobic 15mg # 31: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Mobic 15 mg quantity 31 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was no documentation of objective functional improvement or an objective decrease in pain for the injured worker. The request does not indicate a frequency for the medication. There is a lack of documentation of objective improvement. Therefore, the request is not medically necessary.

Keflex 500mg # 44: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com

Decision rationale: The decision for Keflex 500 mg quantity 44 is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines do not address this medication. Drugs.com states that Keflex is in a group of drugs called cephalosporin antibiotics. Keflex fights bacteria in the body and is used to treat infections caused by bacteria, including upper respiratory infections, ear infections, skin infections, and urinary tract infections. It was not reported in the physical examination why the injured worker was taking Keflex. The clinical information submitted for review does not provide evidence to justify continued use. Continued use of this medication would not be supported. Therefore, the request is not medically necessary.

Physical therapy, right knee 3 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The decision for physical therapy, right knee, 3 times 4 is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The physical examination note submitted was dated in 08/2013. There

was no pertinent information submitted that was current. Previous physical therapy sessions were not reported with a functional improvement. The clinical information submitted for review does not provide evidence to justify physical therapy, for the right knee 3 times 4. Therefore, the request is not medically necessary.