MAXIMUS Federal Services

Case Number:	CM14-0161583		
Date Assigned:	10/07/2014	Date of Injury:	11/21/2012
Decision Date:	11/07/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 50-year-old male who reported an injury on 11/21/2012. Reportedly, while employed by [redacted] as a landscaper, he was carrying a bundle of grass, and suddenly slipped on water. In the process, his left knee twisted awkwardly, resulting in immediate left knee pain. He then lost his balance and fell, striking his left elbow against a nearby wall, then fell onto both knees. His treatment history included x-rays of his left knee and his left elbow, medications, physical therapy, MRI studies of the left knee, and cortisone injections. It was noted ton the progress report dated 12/17/2013 the injured worker had a past history for significant for type 2 diabetes. It was documented that in early 2013 the injured worker underwent x-rays of the left knee and left elbow that were negative. In 04/2013, the injured worker underwent an MRI study of the left knee that revealed abnormalities with overly stretched tendons. It is documented the injured worker had been approved for surgery in 04/2013. On 02/14/2014, the injured worker undergone left knee arthroscopy; with a post-operative diagnosis of left knee medial meniscal tear, lateral meniscal tear, chondromalacia of the patellofemoral joint, chondral lesion in the patellofemoral groove measuring 11 mm in diameter, grade IV . He was evaluated on 09/09/2014 and it was documented the injured worker complained of left knee pain rated at 7/10 on the pain scale. He also reported giving way and swelling and decreased range of motion. The injured worker needed a cane for ambulation. The EMG/NCV was negative. On physical examination of the left knee, there was swelling, and pain was noted, with decreased range of motion. He was diagnosed with contusion of elbow, internal derangement of the knee, and sprain of the wrist. Medications included Tramadol, compound creams, And Naproxen Sodium 550 mg. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #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, Criteria for Use Page(s): 78.

Decision rationale: The request for Tramadol (Ultram ER) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. As such, the request for Tramadol 150 mg # 60 is not medically necessary.

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

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

Decision rationale: The request for total knee arthroplasty is not medically necessary. The Official Disability Guidelines (ODG) recommends total knee replacement arthroplasty as follows; Indications for Surgery -- Knee arthroplasty: Criteria for knee joint replacement (If only 1 compartment is affected, a unicompartmental or partial replacement may be considered. If 2 of the 3 compartments are affected, a total joint replacement is indicated.): 1. Conservative Care: Exercise therapy (supervised physical therapy (PT) and/or home rehab exercises) and medications. (Unless contraindicated: NSAIDs or Visco supplementation injections or Steroid injection); plus 2. Subjective clinical findings: Limited range of motion (<90 for TKR), and nighttime joint pain and no pain relief with conservative care (as above) and documentation of current functional limitations demonstrating necessity of intervention; plus 3. Objective clinical findings: Over 50 years of age and Body Mass Index of less than 40, where increased BMI poses elevated risks for post-op complications; plus 4. Imaging clinical findings: osteoarthritis on: Standing x-ray (documenting significant loss of chondral clear space in at least one of the three compartments, with varus or valgus deformity an indication with additional strength); or previous arthroscopy (documenting advanced chondral erosion or exposed bone, especially if bipolar chondral defects are noted). The medical records that were submitted for review the injured worker does not meet the criteria for TKA. He is morbidly obese with a BMI of 48 and has comorbid diabetes. The operative report dated 02/14/2014 documented only grade II

chondromalacia on weight-bearing surfaces. The grade IV chondromalacia was in the patellofemoral joint, which would not qualify him per the guidelines for a TKA. As such, the request for total knee arthroplasty is not medically necessary.