

Case Number:	CM14-0165645		
Date Assigned:	10/10/2014	Date of Injury:	01/29/2013
Decision Date:	11/14/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery 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 patient is a 47 year old male who sustained an industrial injury on 1/29/2013. He tripped over a curb and fell onto his right knee. He underwent right knee surgery (procedure not specified) in 4/2013. Conservative care has included medications, splint and modified work. He has not returned to work. A prior peer review on 9/17/2014 non-certified the requests for right knee arthroscopy, synovectomy, meniscectomy, pre-operative clearance labs, EKG, H&P, physical therapy twice a week for six weeks (total of 12 sessions), intermittent hot/cold compression with body part wrap x 30 day rental or purchase, and temporary housing for recovery for 6 weeks after right knee surgery, and also non-certified Omeprazole 20mg. The requests were not medically necessary. Norco 10/325 was modified to allow #30 and Tizanidine 4mg modified to allow #60. A PR-2 by [REDACTED] dated 8/28/2014 indicates the patient still has right knee pain and is tender medially on palpation. ROM is WNL and gait right antalgic. Work status: continues temporary altered work. Indicates will request right knee surgery. The patient was seen for follow-up evaluation with [REDACTED] on 9/9/2014. According to the report, he has an antalgic gait, attempts to work jobs to sustain himself, he lives in a van, has a soft splint that does not provide sufficient relief, and does not want to use the cane he was offered because he does not want to cause doubt with his current employers who are hiring him to perform jobs. He uses Norco 10mg, Omeprazole and Tizanidine. He uses Norco sparingly as it can cause constipation. Physical examination of the knee documents that the patient sits with right knee extended, demonstrates antalgic gait with weight bearing, medial joint line tender, especially with Hohler's and Payr's signs with valgus stress, and also tender over the pes anserine and medial supracondylar regions. Diagnoses are right vastus medialis myalgia; right saphenous neuritis; right pes anserine bursitis; and right medial meniscal injury, status post repair. He is encouraged to stop smoking. Requested is right knee surgery, pre-operative clearance with labs,

post-operative physical therapy, DME and housing, and refill of medications. According to the 9/23/2014 supplemental appeal letter, the patient had right knee surgery in April 2013. Due to continued pain, a repeat MRI of the right knee was done, and the 12/09/2013 study showed flap tear in the posterior horn of the medial meniscus extending into the inferior articular surface. He has not improved with conservative care including injection, physical therapy and HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, synovectomy, meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 06/05/14) Official Disability Guidelines Indications for Surgery - Meniscectomy Arthroscopic Synovectomy of the knee joint: <http://www.ncbi.nlm.nih.gov/pubmed/15002354>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Page(s): 344-345.

Decision rationale: According to the California MTUS ACOEM guidelines, arthroscopic meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. In the case of this patient, he apparently underwent prior right knee surgery, however the specifics of the procedure are not provided. He also reportedly underwent a right knee MRI scan in December 2013 that revealed a tear, however, the official study is not provided. The patient has unquantified right knee pain. There are no documentation significant subjective findings such as swelling, feeling of give way, locking, clicking, or popping. Also, no clinical objective findings such as Joint line tenderness, effusion, limited range of motion, locking, clicking, or popping, or crepitus. There lacks evidence of progressive or significant functional limitation. Failure of conservative care is also not evident. Given all of these factors, the patient is not considered a candidate for the proposed right knee surgery. Therefore, this request is not medically necessary.

Pre-operative clearance, labs, EKG, H & P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-operative clearance and history and physical: <http://www.guideline.gov/content.aspx?id=38289>- preoperative evaluation; Interventions and Practices Considered, Official Disability Guidelines, Low Back (updated 08/22/14): Preoperative testing, general, Preoperative lab testing; Criteria for Preoperative lab testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing

Decision rationale: The guidelines state preoperative testing is often performed before surgical procedures. Preoperative management is often obtained as part of protocol, rather than for medical necessity. The medical records do not establish the patient is a candidate for right knee arthroscopic surgery. Consequently, preoperative clearance labs, EKG, H & P are not indicated. Therefore, this request is not medically necessary.

Physical therapy sessions twice a week for six weeks (12 total): Upheld

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

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

Decision rationale: The medical records do not establish that this patient is an appropriate candidate for the proposed surgical procedure, and it is not deemed medically necessary. In absence of surgery, postoperative physical therapy is not warranted.

Intermittent Hot/Cold compression with body part wrap - 30 day rental or purchase:
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 & Leg (updated 08/25/14): Continuous -flow cryotherapy

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, Cold/heat packs; Continuous-flow cryotherapy

Decision rationale: According to the guidelines, short term rental, up to 7 days, of a continuous cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. Hot-cold compression is not considered a medically necessary device. The medical records do not establish the patient is a candidate for the proposed surgical procedure. Consequently, consideration for any post-operative hot/cold compression device not indicated.

Temporary housing for recovery for 6 weeks after right knee surgery: 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 & Leg (updated 08/25/14) Skilled nursing facility care (SNF)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Skilled nursing facility LOS (SNF)

Decision rationale: The Official Disability Guidelines recommend up to 10-18 days in a skilled nursing facility (SNF) or 6-12 days in an inpatient rehabilitation facility (IRF), as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. The request for temporary housing is not supportable. Knee arthroplasty is not being considered. The request for right knee arthroscopy is not deemed medically necessary. Consideration for postoperative temporary housing is not warranted.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain, Proton pump inhibitors (PPIs)

Decision rationale: The guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, the medical records do not establish any of these criteria apply to this patient. The medical records do not establish any of these potential significant risk factors apply to this patient. The Official Disability Guidelines states PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not document supportive correlating subjective/objective findings documented in a medical report that would establish Omeprazole DR is medically indicated. The medical necessity of Omeprazole 20mg has not been established.

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the California MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an

effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. It is noted that the patient complains of right knee pain and has been taking Norco. However, the medical records do not quantify the patient's pain level, and does not document clinically significant pain relief as result of Norco, with functional improvement. Chronic use of opioids is not recommended. It is reasonable that non-opioid analgesics and non-pharmacologic pain management options be utilized. The medical necessity of Norco has not been established.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity; no spasms are documented on examination. There is no evidence of an acute exacerbation. Chronic use of muscle relaxants is not recommended. Consequently, the medical necessity of Tizanidine has not been established.