

Case Number:	CM15-0012575		
Date Assigned:	02/02/2015	Date of Injury:	09/10/2014
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In a Utilization Review Report dated January 2, 2015, the claims administrator failed to approve requests for a knee brace, a cane, Protonix, tramadol, Nalfon, and knee MRI imaging. Non-MTUS ODG Guidelines were invoked to deny the cane and knee brace. Progress notes and RFA forms of November 19, 2014, December 8, 2014, and December 19, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a December 8, 2014 progress note, the applicant apparently transferred care to a new primary treating provider (PTP), reporting ongoing issues with knee pain. The applicant had not had MRI imaging through that point in time. A positive McMurray maneuver was noted with 120 degrees of knee range of motion and a knee effusion. X-rays of the knee demonstrated healed fracture of the medial femoral epicondyle. MRI imaging of the knee, a knee brace, and a cane were endorsed, along with Nalfon, Protonix, and tramadol while the applicant was placed off of work, on total temporary disability. The requesting provider was an orthopedic knee surgeon, it was suggested. X-rays of the knee dated September 24, 2014 were read as negative for any acute fracture, with soft tissue swelling appreciated about the anterior aspect of the knee. A physical therapy progress note of November 12, 2014 was notable for comments that the applicant had ongoing complaints of knee pain with associated tightness, spasm, minimal swelling/effusion, and an antalgic gait. The applicant was only 38 years old, it was stated. The applicant's gait was not clearly described or characterized. The knee MRI imaging at issue was apparently performed on December 22, 2014 and was notable for chondromalacia patella of the medial and patellar facets, small knee joint effusion, and the absence of a meniscus tear or ligamentous sprain. In a

December 2, 2014 physical therapy progress note, the applicant was described as having issues with limited standing and walking tolerance to no more than 30 minutes continuously. Despite having an antalgic gait, the applicant was able to ambulate without the aid of an assistive device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane left knee (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, Treatment Index, 11th Edition, 2014, Knee, Walking Aids

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Knee Complaints 339-340.

Decision rationale: 1. No, the request for a knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, weight bearing exercises should begin as soon as possible, provided no exacerbation or structural damage will occur. ACOEM Chapter 13, page 339 further notes that the principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of the body. Here, the applicant was described on a December 2, 2014 physical therapy progress note as independently weight bearing. The applicant was able to walk without the aid of a cane, crutch, walker, or other assistive device. The attending provider's request for a cane, thus, ran counter to MTUS of maximizing overall levels of activity and, did not, furthermore, appear to be indicated, given the lack of significant gait derangement appreciated on a physical therapy office visit of December 2, 2014 and on the December 8, 2014 office visit on which the request in question was endorsed.

Brace left knee (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, Treatment Index, 11th Edition, 2014, Knee, Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 2. Similarly, the request for a knee brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. Rather, ACOEM notes that a knee brace is typically recommended only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, the applicant was placed off of work, on total temporary disability, on the December 8, 2014 progress note on which the knee brace was endorsed. It did not appear, thus, that the applicant

would be engaging in activities that involved putting significant stress upon the knee, such as by climbing ladders or carrying boxes. Therefore, the request was not medically necessary.

Protonix 20mg #60, 1 po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: 3. Similarly, the request for Protonix, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent upon an attending provider to incorporate some discussion of the efficacy of a particular medication for the condition for which it is being prescribed into his choice of recommendations. Here, however, the attending provider prescribed Protonix, a proton pump inhibitor, without any explicit mention of issues with reflux, heartburn, and/or dyspepsia on the December 8, 2014 progress note on which Protonix was dispensed. The body of the report contained no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It was not clearly stated for what purpose Protonix was being employed. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, December 8, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

Ultram ER 150mg #30, 1 po QD: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 & 93-94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 4. Conversely, the request for Ultram (tramadol), a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, a short course of opioids is deemed "optional" in the management of knee pain complaints, as was present here on or around the date in question, December 8, 2014. The request in question represented a first-time request for Ultram (tramadol). Introduction of the same was indicated, given ongoing complaints of knee pain evident on that date. Therefore, the request was medically necessary.

Nalfon 400mg #90, 1 po TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 71.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 5. Similarly, the request for Nalfon, an anti-inflammatory medication, was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, NSAIDs, such as Nalfon are deemed "optional" in the management of knee pain complaints. Here, the applicant did have significant residual complaints of knee pain evident on around the December 8, 2014 office visit on which Nalfon was endorsed. Introduction of the same was indicated on or around the date in question, December 8, 2014. Therefore, the first-time request for Nalfon was medically necessary.

MRI w/o contrast left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Finally, the request for MRI imaging of the knee was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, MRI imaging of the knee can be employed to confirm a diagnosis of meniscus tear, as was suspected here on or around the date in question, December 8, 2014. The applicant had ongoing complaints of knee pain, low-grade gait derangement, and positive provocative testing, including a positive McMurray maneuver, evident on a physical therapy progress note of December 2, 2014 and on the December 8, 2014 office visit on which the knee MRI in question was endorsed. The request in question was seemingly proposed on or around just prior to the three-month mark of the date of injury. Earlier conservative treatment including time, medications, and physical therapy had been seemingly attempted and failed. The requesting provider was an orthopedic knee surgeon, increasing the likelihood of the applicant's acting on the results of the proposed knee MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.