

Case Number:	CM15-0113184		
Date Assigned:	06/19/2015	Date of Injury:	03/03/2008
Decision Date:	08/18/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This injured worker is a 55-year-old woman who sustained an industrial injury on 3/3/08. Injury occurred when she bumped her right knee against a desk drawer, and cumulative trauma was reported. Past medical history was positive for asthma and borderline diabetes. She underwent right knee arthroscopic anterior cruciate ligament reconstruction with partial medial and lateral meniscectomy on 6/17/11. The left knee MRI on 4/8/11 showed a complex lateral meniscus tear, findings consistent with anterior cruciate ligament tear, hypertrophic changes at the distal femur and proximal tibia, narrowing of the patellofemoral joint space, and evidence of a large joint effusion. Weight loss chart notes documented the injured worker weighed 202 pounds on 2/2/15 and 212 pounds on 5/14/15. The injured worker was seen regularly in February and April, with a 4-week hiatus noted in March 2015. She is being followed by pain management with current medications noted to include Norco 7.5/325 mg as needed. The 4/30/15 treating physician report cited increasing pain in both knees. She was unable to stand or walk for more than a few minutes without having to sit or rest, despite continued strengthening exercise and weight loss. She had totally worn out her Neoprene knee sleeves. She had been unable to attend the [REDACTED] weight reduction program since the first week in February due to a death in the family. She had not lost any more weight or gained any weight. Her target was a body mass index less than 30. Re- authorization for an additional 10-11 weeks was requested due to the above reason. An additional 30 pounds of weight loss was recommended. The treating physician opined the medical necessity of a total knee arthroplasty. Authorization was requested for left knee brace, total knee arthroplasty, pre-operative clearance, 10 additional weeks of [REDACTED] weight loss

program, and Ultram. The 5/27/15 utilization review non-certified the request for total knee arthroplasty and associated pre-operative clearance as the side was not specified, the injured worker had bilateral pain, and guideline criteria were not met. The request for Ultram was non-certified as there was no documentation of functional improvement secondary to use of the medication, and dosage and quantity were not specified. The request for 10 additional weeks of [REDACTED] weight loss program was non-certified as the injured worker had completed 32 sessions and her current weight was 210 pounds. The 6/4/15 treating physician report discussed that she had initial treatment for the right knee and began experiencing compensatory symptoms in the left knee. Left knee was continuing to deteriorate despite activity restrictions. She had significant pain, including at night. She had undergone therapy, bracing, walker/cane, ice, anti-inflammatory medication, several corticosteroid injection, and a series of viscosupplementation. The medical necessity of arthroplasty rather than arthroscopy was discussed based on the amount of damage to the articular surface. The injured worker had weighed 240 pounds in July 2013 and was now down to 200 pounds. Physical exam documented ambulation with a limp, moderate patellofemoral crepitance, moderate effusion and moderate medial and lateral tenderness. She lacked full extension but could flexion to 85 degrees. The most recent radiographs showed involvement of all three compartments with circumferential osteophytic spurring. Authorization was again requested for total knee arthroplasty, side not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Knee Arthroplasty, unspecified side: 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 - Indications for Surgery, Knee Arthroplasty.

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: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis. This injured worker presents with bilateral knee pain, and reported worsening on the left. Clinical exam findings were consistent with guidelines. Body mass index appears to be under 40 (although documentation in not available of her height to allow precise calculation). There is imaging evidence of bilateral tri-compartmental osteoarthritis. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, both the initial or appeal requests do not specify the operative side. Therefore, this request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Ultram, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. Records indicate that this injured worker is under the care of a pain management physician with current opioid medication prescribed. There is no indication that her current first line opioid medication has failed to necessitate the addition of Ultram or substitution. Additionally, there is no dosage or quantity of this medication specified. Therefore, this request is not medically necessary.

Additional 10 weeks, ██████ for Weight Loss: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs, No 0039.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor and Industries;

Medical Aid Rules & Fee Schedule Guidelines, Professional Services 7/1/09, Chapter 20, Obesity Treatment, pages 20-3 and 20-4.

Decision rationale: The California MTUS guidelines do not provide recommendations for weight loss. The Washington State guidelines recommend obesity treatment for injured workers who are severely obese (BMI > 35), and obesity is the primary condition retarding recovery from the accepted condition, and the weight reduction is necessary to undergo required surgery, participate in physical rehabilitation, or return to work. There must be evidence of a specific treatment plan and compliance. Guideline criteria have not been met. This injured worker has been on the [REDACTED] program for an indeterminate amount of time. There is no current documentation that the injured worker's body mass index is greater than 35. Obesity is not the primary condition retarding her recovery and there is no evidence that additional weight reduction is necessary to undergo the recommended total knee arthroplasty. Therefore, this request is not medically necessary.