

Case Number:	CM15-0113903		
Date Assigned:	06/22/2015	Date of Injury:	07/09/2002
Decision Date:	09/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old female who reported an industrial injury on 7/9/2002. Her diagnoses, and/or impressions, are noted to include: severe osteoarthritic changes in the bilateral knees, acute, left > right. Recent x-rays of the left knee were noted on 1/13/2015, noting severe medial compartment arthritic changes in the bilateral knees. Her treatments have included the use of a left knee surgery; injection therapy; use of a walker; medication management with toxicology screenings; and rest from work as she is noted to be retired. The progress notes of 1/13/2015 reported the gradual onset of left knee pain, over 7 months that is moderate/frequent; occurs nightly, interferes with activities of daily living, sleep and the ability to squat/kneel/ascend or descend stairs; and is relieved some by medications. The history notes problems with anesthesia, high blood pressure, diabetes and emphysema/chronic obstructive pulmonary disease. Objective findings were noted to include the use of hands to stand; a slow gait; mild swelling in the left knee; and mild swelling to the bilateral knees. The physician's requests for treatments were noted to include cardiac clearance and testing; magnetic resonance imaging studies of the left knee; physical therapy; and post-operative Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (18 visits): Overturned

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, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The 74 year old patient complains of throbbing pain in the left knee, rated at 8/10, along with anxiety, as per progress report dated 04/23/15. The request is for 18 visits of physical therapy. The RFA for this case is dated 05/11/15, and the patient's date of injury is 07/09/02. The patient is status post left knee arthroscopy with post-operative MRI revealing recurring medial meniscal tear with synovitis and patellofemoral syndrome. Diagnoses also included contralateral right knee pain with degenerative disc disease, and Achilles tendonosis on the right. The patient is also status post ORIF repair. Medications included Norco, Naprosyn, Flexeril and Wellbutrin. The patient is not working, as per the same progress report. MTUS, post-surgical guidelines pages 24-25, recommend 24 visits over a period of weeks for patients undergoing knee arthroplasty. The post-surgical time frame is 4 months. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient suffers from severe left knee pain, as per progress report dated 04/23/15, and has been authorized for total knee replacement, as per the Utilization Review denial letter. Although none of the progress reports available for review discuss this request, it is possibly related to the upcoming surgery. Since, MTUS recommends up to 24 visits in patients undergoing TKA, the request for 18 sessions of physical therapy appears reasonable and is medically necessary.

Post Operative Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 74 year old patient complains of throbbing pain in the left knee, rated at 8/10, along with anxiety, as per progress report dated 04/23/15. The request is for postoperative Norco 10/325mg #150. The RFA for this case is dated 05/11/15, and the patient's date of injury is 07/09/02. The patient is status post left knee arthroscopy with post-operative MRI revealing recurring medial meniscal tears with synovitis and patellofemoral syndrome. Diagnoses also included contralateral right knee pain with degenerative disc disease, and Achilles tendonosis on the right. The patient is also status post ORIF repair. Medications included Norco, Naprosyn, Flexeril and Wellbutrin. The patient is working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states "Function should

include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, the patient suffers from severe left knee pain, as per progress report dated 04/23/15, and has been authorized for total knee replacement, as per the Utilization Review denial letter. While the current request is for post-operative Norco, the patient has been using the medication at least since 02/18/14. As per progress report dated 05/11/15, medications reduce the pain by 50% and they also lead to 50% improvement in activities of daily living. Although the treater does not provide specific examples that indicate improved function, he states that medications are necessary to keep her functional. The patient is also working. UDS reports have been consistent and the patient has signed an opioid agreement, as per the same report. Given the efficacy of Norco prior to the surgery, its use after TKA appears reasonable and is medically necessary.

Cardiac clearance: consultant and testing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - criteria for preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter under: Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing.

Decision rationale: The 74 year old patient complains of throbbing pain in the left knee, rated at 8/10, along with anxiety, as per progress report dated 04/23/15. The request is for cardiac clearance: consultant and testing. The RFA for this case is dated 05/11/15, and the patient's date of injury is 07/09/02. The patient is status post left knee arthroscopy with post-operative MRI revealing recurring medial meniscal tears with synovitis and patellofemoral syndrome. Diagnoses also included contralateral right knee pain with degenerative disc disease, and Achilles tendonosis on the right. The patient is also status post ORIF repair. Medications included Norco, Naprosyn, Flexeril and Wellbutrin. The patient is working, as per the same progress report. ODG-TWC, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter states: Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. In this case, the patient suffers from severe left knee pain, as per progress report dated 04/23/15, and has been authorized for total knee replacement, as per the Utilization Review denial letter. The request for this cardiac clearance appears to be in relation to this

procedure. The patient has a history of myocardial infarction, as per progress report dated 04/23/15. As per report dated 08/14/14, the patient also has hypertension and dyslipidemia. Given the risk factors and past history, cardiac clearance before surgery appears reasonable and is medically necessary.