

Case Number:	CM15-0116717		
Date Assigned:	06/24/2015	Date of Injury:	09/18/2013
Decision Date:	08/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Minnesota, Florida
 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:

The injured worker is a 59 year old female who sustained an industrial injury on September 18, 2013. She has reported injury to the neck, knee and internally and has been diagnosed with left leg blood clot, degenerative joint disease of bilateral knees, left knee meniscal tear, contusion of bilateral hands wrists, and cervical spine sprain strain resolved. Treatment has consisted of injections, medications, medical imaging, and physical therapy. Palpation reveals nonspecific tenderness at both wrists. Range of motion was within normal limits. Palpation reveals nonspecific tenderness at both knees range of motion was decreased. Cervical spine range of motion was within normal limits. The treatment request included right knee total knee arthroplasty, custom osteoarthritis left knee bracing, Tramadol, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Total Arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee joint replacement.

Decision rationale: Per QME report dated April 28, 2015 the injured worker is a 59-year-old female who tripped and fell landing on both knees and both palms of her hands on September 18, 2013. An MRI scan of the right knee performed on October 9, 2013 revealed degenerative arthritis predominantly involving the medial compartment and a complex tear of the medial meniscus. There was also patellofemoral chondromalacia noted. She started physical therapy and after 3-4 sessions her right knee was improved but she experienced pain in her left knee. An MRI of the left knee was performed on February 6, 2014 and revealed degenerative arthritis with a complex tear of the medial meniscus and mild to moderate patellar chondromalacia. There was also a probable chronic deep venous thrombosis of the left popliteal vein. She underwent Viscosupplementation of both knees and had 15 sessions of physical therapy for the right knee. Examination of the left knee on that day revealed flexion from 0-120. The right knee range of motion was 5-110. There was no pain with range of motion testing. There was no popping, crepitus or locking during range of motion. X-rays obtained in the office including AP standing of bilateral knees, sunrise and lateral of the knees showed medial joint space narrowing on the right with near bone-on-bone articulation and medial spurring. The left knee showed mild medial joint space narrowing. Sunrise view showed degenerative changes bilaterally, more significant on the right than the left. Lateral view of the right knee showed moderate degenerative changes of the patellofemoral joint. The treatment considerations for the right knee included a total knee arthroplasty. ODG criteria for a total knee arthroplasty include involvement of 2 of the 3 compartments such as in this case with involvement of the patellofemoral joint and severe involvement of the medial compartment on the standing x-rays which is well documented. Other criteria include conservative care with exercise therapy, supervised physical therapy, and medications and viscosupplementation or corticosteroid injections which have been documented. Subjective clinical findings of limited range of motion and nighttime joint pain and functional limitations which have been documented in this case. In addition, the injured worker has objective clinical findings such as age over 50 and body mass index of less than 40, and imaging clinical findings of osteoarthritis on standing x-ray documenting significant loss of medial joint space and evidence of osteoarthritis on the MRI scan. As such, the request for a total knee arthroplasty is appropriate and the medical necessity of the request has been substantiated

Associated Surgical Service: Custom Osteoarthritis left knee bracing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Knee brace.

Decision rationale: With regard to the request for a custom fabricated brace for the left knee, ODG guidelines are again used. Valgus knee braces are recommended for knee osteoarthritis. There are no data that show that custom fabricated functional knee braces offer any benefit over prefabricated off-the-shelf braces in terms of activities of daily living. As such, the request for a

custom fabricated knee brace is not supported and the medical necessity of the request has not been substantiated.

Tramadol 50mg x one month supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: Although opioids are not considered first line treatment for osteoarthritis, the injured worker is undergoing a total knee arthroplasty. Tramadol is considered a weak opioid and is indicated for short-term use for control of moderate to severe pain such as postoperatively after a total knee arthroplasty. However, long term use is not recommended and weaning is suggested after recuperation from the surgical procedure. As such, the request for one month's supply of tramadol 50mg is appropriate and the medical necessity of the request has been substantiated.

Retrospective review of Urinalysis DOS: 4/29/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens Page(s): 43.

Decision rationale: A urine drug screen is recommended as an option before a therapeutic trial of opioids as well as for random testing. The opioids that accompany this request have been approved. As such, the urine testing on 4/29/2015 was appropriate and medically necessary.