

Case Number:	CM15-0123759		
Date Assigned:	07/08/2015	Date of Injury:	11/03/2008
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, Oregon
 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 53 year old male patient who sustained an industrial injury on 11/03/2008. An operative report dated 04/20/15 reported the patient undergoing a right knee arthroscopy, synovectomy, chondroplasty, and medial/lateral meniscectomy. An orthopedic follow up dated 04/27/2015 reported bilateral knees are covered within the claim. The patient states having gained 20 pounds and last worked in July 2011 when he suffered a cerebral vascular accident and officially retired 03/21/2012. The patient has received a hot/cold wrap, Hyalgan injection to the left knee with improvement, and completed 12 post-operative therapy sessions for the left knee. In addition, he has utilized a transcutaneous nerve stimulator unit. Objective assessment of the right knee showed the wound healing well with tenderness along the joint line and some effusion noted. The following diagnoses were applied: internal derangement of the left knee status post intervention treatment and recent MRI showed wear along the lateral meniscus almost to the articular surface at the trochlea on the left knee. There is also internal derangement of the right knee with patellofemoral chondromalacia noted by MRI. The plan of care noted the patient prescribed with a session of therapy treating the right knee, continue with left knee exercises, prescribed a TENS unit, knee brace and medication Tramadol ER. The patient is also to undergo a radiographic study of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical service: Polar Care for 21 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately post-operatively for up to 7 days. In this case the requested duration exceeds the guideline recommendations and the request is therefore not medically necessary.

Lunesta 20 mg, 27 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) stress.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case there is lack of documentation from the exam note of 4/27/15 of insomnia to support Lunesta. The request would be for 4 weeks supply (in excess of recommendations). Therefore, the request is not medically necessary.

Gabapentin 600 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy, Neurontin Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and post-herpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 4/27/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, medical necessity has not been established.

