

Case Number:	CM15-0127086		
Date Assigned:	07/13/2015	Date of Injury:	10/11/2004
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 10/11/04. He reported pain in his right lower extremity related to a 30 foot fall. The injured worker was diagnosed as having cervical spine strain, right knee surgery, lumbar spine disc bulge and right ankle surgery. Treatment to date has included several knee surgeries, physical therapy, a bilateral knee ultrasound on 10/24/14 showing a longstanding tear in the anterior cruciate ligament and Naproxen. As of the PR2 dated 6/8/15, the injured worker reports continued sharp pain in the right knee with buckling. Objective findings include crepitus in the right knee, a positive patellar grinding test and tenderness to palpation over the peripatellar region. The treating physician requested to start Tylenol #3 qty 60 and a diagnostic ultrasound of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (Acetaminophen/codeine 300/30mg) quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine).

Decision rationale: MTUS and ODG state regarding codeine, "Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain". ODG further states regarding opioid usage, "Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED)". The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records indicate this patient has previously utilized Tylenol #3 and had adverse effects without functional improvement. As such, the request for Tylenol #3 (Acetaminophen/codeine 300/30mg) quantity 60 is not medically necessary.

Diagnostic Ultrasound of the right knee: 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 and Leg, Ultrasound, Diagnostic.

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

Decision rationale: MTUS is silent on diagnostic ultrasound sound of the knee. ODG states "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria".
Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-

term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011)" ODG states that "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR". The medical documentation provided indicates this patient had a previous ultrasound of the knee in 10/2014. The medical documentation provided does not indicate any significant changes in subjective complaints or objective findings to warrant a repeat study. The treating physician has not met the above ODG guidelines for diagnostic ultrasound of the knee. As such, the medical request for Diagnostic Ultrasound of the right knee is not medically necessary.