

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0169342 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 04/11/2012 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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 55-year-old female, who sustained an industrial-work injury on 4-11-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knees internal derangement, history of surgery to the left knee, cervical discopathy, lumbar discopathy, bilateral carpel tunnel syndrome and left hand fourth finger trigger finger. Treatment to date was not included, there is no previous diagnostic studies included, and no previous physical therapy noted. Medical records dated 6-24-15 indicate that the injured worker complains of constant sharp pain in the cervical spine and lumbar spine associated with radiation of pain and numbness. She also complains of constant sharp pain in the bilateral knees associated with weakness and stiffness. Per the treating physician, report dated 6-24-15 the injured worker has not returned to work. The physical exam dated 6-24-15 reveals that there is tenderness and spasm on palpation of the cervical spine and lumbar spine with limited range of motion in the cervical and lumbar spine. The bilateral knee exam is positive for crepitus and positive McMurray sign. The physician indicates that due to the injured worker's objective findings and subjective complaints he was prescribed the following medications and treatments. The medical records submitted were limited. The request for authorization date was 6-24-15 and requested services included Right knee arthroscopic surgery, Post Op Physical Therapy, 3 times a week for 4 weeks, Associated Service: Crutches, Pain management, follow up visit, Tylenol #3, #30, Pantoprazole #60, Naproxen 550mg, #90 and Tramadol ER 150mg, #30. The original Utilization review dated 7-25-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic surgery: 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): Knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to Official Disability Guidelines, indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the MRI does not show clear evidence of meniscus tear. Therefore, the request is not medically necessary.

Post Op Physical Therapy, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated Service: Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pain management: 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): Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The CA MTUS/ACOEM Chronic Pain Management Guidelines, states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In this case, the pain can be controlled by medications and the severity and duration of the pain do not necessitate the referral to a multidisciplinary pain management team. Therefore, the request is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Tylenol #3, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

Pantoprazole, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, proton pump inhibitors (PPIs) are recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case, there is insufficient evidence in the records that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request is not medically necessary.

Naproxen 550mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam notes. Therefore, the request is not medically necessary.

Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore, the request is not medically necessary.