

Case Number:	CM15-0170735		
Date Assigned:	09/11/2015	Date of Injury:	06/17/2014
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This 53 year old male sustained an industrial injury on 6-17-14. Documentation indicated that the injured worker was undergoing treatment for a right knee injury. The injured worker underwent right knee arthroscopy with partial medial meniscectomy on 2-4-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 8-6-15, the injured worker complained of ongoing pain to the medial aspect. The injured worker reported that it was difficult to get around. Physical exam was remarkable for right knee with tenderness to palpation on the anterior medial joint line with "significant" pseudo-laxity. Range of motion testing showed flexion 120 degree and extension 7 degrees. X-rays of the right knee showed bone-on-bone medial compartment osteoarthritis of the right knee with cyst formation in the medial femoral condyle, consistent with advanced osteoarthritis. The physician's impression was right knee bone-on-bone medial compartment arthrosis, right knee minimal patellofemoral degenerative changes, history of right knee in the medial meniscus status post right knee arthroscopy and medial meniscectomy and obesity. The treatment plan included right knee unicompartmental knee arthroplasty and associated surgical services including laboratory studies, postoperative medications, postoperative physical therapy, a 2-day hospital stay, walker and a two-week rental of a cold therapy device. On 8-17-15, Utilization Review modified a request for a cold therapy rental for two weeks to a cold therapy rental for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental for two weeks: 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) Treatment in Workers Comp 20th Edition 2015 Updates: Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Continuous-flow cryotherapy.

Decision rationale: The patient presents on 08/06/15 with unrated pain in the medial aspect of the right knee, and right sided lower back pain secondary to limping. The patient's date of injury is 06/17/14. Patient is status post right knee arthroscopy and partial medial meniscectomy on 02/04/15. The request is for cold therapy unit rental for two weeks. The RFA is dated 08/10/15. Physical examination dated 08/06/15 reveals significant tenderness to palpation of the anterior medial joint line of the right knee with significant pseudolaxity noted, and decreased range of motion on flexion. The patient is currently prescribed Norco. Per 08/06/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. Official Disability Guidelines, Knee and Leg Chapter, under Continuous-flow cryotherapy states the following regarding post-operative cold therapy units: Recommended as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. In regard to the two week post-operative rental of a cold therapy unit, the provider has exceeded guideline recommendations. Progress note dated 08/06/15 indicates that the provider anticipates approval of a right knee unicompartmental arthroplasty and is requesting a cold-therapy unit as a post-operative measure. Official Disability Guidelines specify a 7-day rental for post-operative recovery, the request for a two-week rental exceeds these recommendations. Without an appropriate duration of use falling within guideline recommendations, the medical necessity of the requested cold therapy unit cannot be substantiated. Therefore, the request IS NOT medically necessary.

Norco tab 5-325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 08/06/15 with unrated pain in the medial aspect of the right knee, and right sided lower back pain secondary to limping. The patient's date of injury is 06/17/14. Patient is status post right knee arthroscopy and partial medial meniscectomy on 02/04/15. The request is for Norco tab 5-325mg #60 with 1 refill. The RFA is dated 08/10/15. Physical examination dated 08/06/15 reveals significant tenderness to palpation of the anterior medial joint line of the right knee with significant pseudolaxity noted, and decreased range of motion on flexion. The patient is currently prescribed Norco. Per 08/06/15 progress note, patient is classified as temporarily totally disabled for 4 weeks. MTUS, Criteria For Use Of

Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress note dated 08/06/15 does not address the efficacy of this patient's medication regimen, noting only that "he is using Norco 5/325 twice a day." MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence of inconsistency; however, the most recent progress note does not include any measures of analgesia via a validated scale, any activity-specific functional improvements, or any statement of a lack of aberrant behavior. Given the lack of appropriate documentation of the 4A's, as required by MTUS, continuation of Norco cannot be substantiated. The request IS NOT medically necessary.