

<b>Case Number:</b>	CM15-0173772		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/21/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 60 year old, male who sustained a work related injury on 8-21-07. The diagnoses have included internal derangement of the right knee status post meniscectomy, internal derangement of left knee status post total knee replacement, and chronic pain. He is being treated for bilateral knee pain. Treatments have included use of knee braces, heat-cold therapy, therapy (unknown how many sessions), cortisone injections and Hyalgan injections (no mention if these were effective in pain control), and TENS unit therapy (no mention of how this helps his pain or functioning). Current medications include Naproxen, Tramadol Extended Release and Flexeril. He has been taking these medications since at least 1-23-15. There is no mention if these medications are effective in pain relief or if they help with functioning. In the progress notes dated 1-23-15 and 7-31-15, the injured worker reports he is still riding a bicycle for 40 minutes a day and walks 30 minutes a day. He has stiffness and discomfort in getting up from a chair. He avoids squatting, kneeling, climbing stairs and lifting. He wants surgical intervention stating "having so much pain on the right knee." On physical exam, he has tenderness along the joint line medially. He has 1+ to 2+ anterior drawer test noted. Knee extension is 180 degrees and flexion is 125 degrees. He is wearing knee brace. He has instability along the left knee. The provider states the most recent MRI from 2012 shows "some wear along the anterior cruciate ligament." The x-rays of both knees dated 3-6-15 shows "unremarkable bilateral knees." There has been another surgical opinion that recommended surgical intervention as well. The treatment plan includes refills of medications, requests for knee surgery and pre- and postoperative testing, medications and durable medical equipment. In the Utilization Review, dated 8-19-15, "there is no indication that the requested surgery was deemed medically necessary at this time" therefore, all requested pre- and postoperative testing, medications and durable medical equipment are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #180:** 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): Anti-epilepsy drugs (AEDs).

**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 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.

**Zofran 8mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics.

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Zofran for postoperative use. According to the ODG, Pain Chapter, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. In this case, the submitted records demonstrate no evidence of nausea and vomiting or increased risk for postoperative issues. Therefore, determination is not medically necessary.

**Augmentin 875mg/125mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am Fam Physician. 2002 Jul 1;66(1):119-24.

**Decision rationale:** CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", antibiotics are the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Augmentin is therefore not medically necessary and appropriate.

**Right knee arthroscopy, meniscectomy and partial anterior cruciate ligament augmentation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Diagnostic Arthroscopy.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is "warranted only for patients who have significant symptoms of instability caused by ACL incompetence." In addition, physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case, the exam notes do not demonstrate evidence of instability and the MRI does not demonstrate a complete tear of the ACL. Therefore, the determination is for not medically necessary.

**One pair of aluminum crutches:** Upheld

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

**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:** The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." In this case, there is lack of functional deficits noted in the exam notes to warrant crutches. Therefore, the request is not medically necessary.

**Extension lock splint (ELS) knee brace: 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, Knee Brace.

**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 Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency / deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. Therefore, the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

**21 day rental of polar care unit: 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, Continuous Flow Cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative clearance including history and physical examination: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative CBC: Upheld**

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative Comprehensive metabolic panel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative Electrocardiogram: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Preoperative ECG.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Preoperative chest x-ray: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.