

Case Number:	CM15-0174254		
Date Assigned:	09/16/2015	Date of Injury:	06/30/1998
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York

Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial-work injury on 6-30-98. A review of the medical records indicates that the injured worker is undergoing treatment for knee pain, chronic pain syndrome, shoulder joint pain, cervical degenerative disc disease (DDD), and lumbar degenerative disc disease. Medical records dated 6-29-15 the injured worker reports ongoing right knee pain and effusion. He finds that the unloading brace that he got for the right knee has been ill fitting so he would like a new one or for the current one to be adjusted. The physician letter of appeal dated 8-11-15 indicates that the injured worker has historically had diagnosis of degenerative changes of the right knee and has been authorized for knee replacement, he was not ready to pursue it at the time but is now ready to do so as documented per QME report dated 2-5-13, agreed that total knee replacement was reasonable as well back in 2013. The physician also indicates that on 4-6-09 the right knee Magnetic Resonance Imaging (MRI) confirmed tricompartmental degenerative changes and has been trying to treat his symptoms conservatively with no definitive relief of pain. The physician indicates that the last set of x-rays dated 7-15-14 confirm osteoarthritis medial compartment. The medical records also indicate worsening of the activities of daily living due to pain. The physical exam dated 6-29-15 indicates that the injured worker complains of ongoing right knee effusion and pain. The knee extension is 0 degrees and there is edema down the leg. The flexion is 110 degrees. The physician indicates that the injured worker has a history of right knee chondromalacia with degenerative joint disease (DJD) changes. The physician also indicates that the injured worker is interested in moving forward with right total knee arthroplasty (TKA). Treatment to date has

included pain medication, left total knee arthroplasty 1-14-15, consultations, physical therapy at least 28 sessions, bracing, injections (unknown amount) and other modalities. The treating physician indicates that the urine drug test result dated 4-21-15 was inconsistent with the medication prescribed. The medical record dated 2-5-13 the physician indicates that the X-Ray of the right knee dated 9-21-11 shows moderate right medial compartment degenerative joint disease (DJD). The original Utilization review dated 8-25-15 non-certified a request for Biomet Signature MRI (magnetic resonance imaging) for Prosthetiz as there is no indication for an Magnetic Resonance Imaging (MRI) for custom made prosthesis as this technology remains understudy therefore not medically necessary, modified a request for Game Ready Cryotherapy unit, Post operatively, 14 day rental modified to post-operative cold therapy use up to 7 days including home use , non-certified a request for Medial Compartment Unloading Brace as there is no indication for an unloader brace post-operatively, non-certified a request for Keflex 500 mg quantity of 28 as the injured worker is undergoing knee replacement surgery the routine use of Keflex in the post-operative setting is not justified and non-certified a request for Phenergan 25 mg quantity of 30 as routine prescription for Phenergan is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biomet Signature MRI (magnetic resonance imaging) for Prosthetiz: 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 & Leg - Custom fit total knee replacement.

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

Decision rationale: As per Official Disability Guidelines (ODG) Custom fit total knee (CFTK) replacement is under study, awaiting higher quality trials. New technology using MRI allows the surgeon to place total knee replacement components into each patient's pre-arthritis natural alignment. Custom-fit total knee replacement appears to be a safe procedure for uncomplicated cases of osteoarthritis, but the benefits have not been proven. As the requested procedure utilizing MRI Scans is considered investigational, therefore, the requested treatment Biomet Signature MRI (magnetic resonance imaging) for Prosthetiz is not medically necessary and appropriate.

Game Ready Cryotherapy unit, Post operatively, 14 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Game Ready Accelerated Recovery System; Cryotherapy.

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--Cold/heat packs -Continuous-Flow Cryotherapy.

Decision rationale: ODG states Continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of surgery. The requested treatment for Cryotherapy unit, post operatively is medically necessary and appropriate.

Medial Compartment Unloading Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Unloader braces for the knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter- Knee brace.

Decision rationale: As per the CA MTUS, ACOEM guidelines, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The provider does indicate the injured worker is being considered for surgery and likely to participate in a rehabilitation program. The requested treatment of a knee brace is medically necessary.

Keflex 500 mg Qty 28: 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 - Keflex, Skin and soft tissue infections, cellulitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases -Cephalexin (Keflex) and Other Medical Treatment Guidelines Uptodate.

Decision rationale: As per ODG Keflex is recommended as first-line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins. Routine use of post-op antibiotic treatment is not recommended. In the submitted medical records, the treating

provider does not provide any clear rationale about the need for post-op antibiotic treatment. The Requested Treatment: Keflex 500 mg Qty 28 is not medically necessary and appropriate.

Phenergan 25 mg Qty 30: 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 & Mental Health chapters - Promethazine.

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

Decision rationale: As per ODG Promethazine (Phenergan) is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Injured worker may need it post-op, but determination cannot be made at this time. Therefore, the requested treatment Phenergan 25 mg Qty 30 is not medically necessary and appropriate.