

Case Number:	CM15-0068822		
Date Assigned:	04/16/2015	Date of Injury:	11/06/2011
Decision Date:	06/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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: Illinois, California, Texas
 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 56-year-old female who sustained an industrial injury on 11/06/11. Injury occurred when she got her left foot stuck in the rail of a pushing rack and twisted her knee. Past surgical history was positive for left knee arthroscopy with partial medial meniscectomy on 3/13/12. The 3/7/13 left knee MRI impression documented thinning of the posterior horn of the medial meniscus, tear could not be excluded. There were medial compartment osteoarthritic changes, manifested by joint space narrowing. There was minimal bone marrow edema seen within the medial femoral condyle and medial tibial plateau, most likely representing reactive change. There was no evidence of joint effusion. This injured worker underwent left knee arthroscopy with debridement on 2/26/14, and underwent 24 sessions of post-op physical therapy. The 11/13/14 medical legal report indicated the patient felt the same as before her surgery. Left knee exam documented medial joint line tenderness with slight crepitus. Left knee range of motion was 0-105 degrees. Orthopedic testing was negative. The future medical recommendations indicated that the injured worker would ultimately require a left total knee replacement. The 3/10/15 treating provider status report indicated that the injured worker was continuing to await authorization for left total knee replacement. She was prescribed Tramadol 50 mg #60 and Ambien 10 mg #30. She was temporarily totally disabled for 6 weeks. The diagnosis was documented as cervical sprain/strain and rotator cuff syndrome. The 3/20/15 utilization review non-certified the request for total knee replacement as there was no recent imaging study to confirm the presence of severe osteoarthritis. The request for Ambien 10 mg 30 was non-certified as there was no documentation of non-pharmacological attempts at good sleep

hygiene and no guideline support for long-term use. Records documented the injured worker had been prescribed Ambien since at least 6/13/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Knee Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 40, and imaging findings of osteoarthritis on standing x-rays or previous arthroscopy. Guideline criteria have not been met. This patient has a history of chronic left knee pain, and is status post 2 arthroscopic procedures without benefit. Clinical exam findings are generally consistent with pre-operative imaging evidence of medial compartment osteoarthritic changes. There are no standing x-rays or arthroscopy report submitted that evidence osteoarthritis in two of the three compartments to support the medical necessity of a total knee replacement. There is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Additionally, there is no evidence of current functional limitation, or body mass index. Therefore, this request is not medically necessary at this time.

Ambien 10mg #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, Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien) 1/2).

Decision rationale: The California MTUS does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem (Ambien) as first-line medication for the short term (7-10 days) treatment of insomnia. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged. Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of

sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next-day functioning. Guideline criteria have not been met. Records indicate that the patient has been using this medication since at least 6/13/13. There is no documentation of a current sleep disturbance or benefit with the use of this medication. There is no compelling rationale submitted to support an exception to guidelines. Therefore, this request is not medically necessary.