

Case Number:	CM14-0148393		
Date Assigned:	09/23/2014	Date of Injury:	02/19/2013
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female employment program representative/adjudicator sustained an industrial injury on 2/18/13. Injury occurred when she tripped over a defect in carpeting and experienced a pop in the right knee. Records indicated that the patient was allergic to Norco and Vicodin. The patient was status post right knee arthroscopy with partial medial meniscectomy, gentle shaving chondroplasty of the continuous flow cryotherapy, and abrasion chondroplasty of grade 4 chondromalacia of the femoral groove on 5/20/13. She subsequently underwent right knee manipulation under anesthesia with diagnostic arthroscopic exam, anterior synovectomy, partial lateral meniscectomy, and non-abrasive chondroplasty of the undersurface of the patella, entire medial articular surface, medial femoral condyle, and medial tibial surface. Right knee x-rays performed on 6/5/13 were reported as normal. The 7/24/14 treating physician report cited right knee, increased at night, and low back pain. Difficulty was reported with prolonged standing, walking, repetitive kneeling, and squatting. Percocet and Celebrex were being prescribed by another prescription. The Synvisc injection was only helpful for a short period of time and she did not want any more injections. Right knee exam documented crutch ambulation, 1+ effusion, medial and lateral joint line tenderness, and painful patellofemoral articulation and crepitus. Right knee x-rays revealed degenerative disease in the medial and patellofemoral compartments. Medial articular space was 1 mm. There was no joint space left in the patellofemoral articulation. Authorization was requested for right total knee replacement. The patient had failed conservative treatment including 2 Synvisc injections and medications. The treatment plan recommended continued use of an unloader brace and prescribed Celebrex 100 mg #60, Norco 10/325 mg #60, and Zantac 150 mg #60. The 8/14/14 utilization review denied the total knee replacement and associated surgical requests as there were inconsistencies in the radiographic interpretations, the patient did not meet range of motion surgical criteria, and the Synvisc series was not completed.

The request for Celebrex, Norco, and Zantac was denied as these were considered post-operative medications. The 9/18/14 treating physician report cited persistent severe right knee pain with buckling of the knee joint and giving way and difficulty sleeping due to pain. The treating physician documented x-ray and operative findings consistent with bi-compartmental advanced osteoarthritis of the right knee joint. Right total knee replacement was again requested. The subsequent 10/3/14 utilization review approved the request for right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four weeks of post operative inpatient rehabilitation: 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 & Leg, Skilled Nursing facility (SNF) LOS

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, Skilled nursing facility (SNF) care, Skilled nursing facility LOS (SNF)

Decision rationale: The California MTUS does not provide length of stay recommendations for inpatient rehabilitation, status post total knee joint replacement. The Official Disability Guidelines recommend up to 10-18 days in a skilled nursing facility (SNF) as an option following total knee replacement, depending on the degree of functional limitation, on-going skilled nursing and/or rehabilitation needs, patient ability to participate with rehabilitation, and documentation of continued progress with rehabilitation goals. The medical necessity of the current request for an undefined inpatient rehabilitation stay cannot be established. Therefore, this request is not medically necessary.

Purchase of a cold therapy 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 (ODG), Continuous flow 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, Continuous flow cryotherapy

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after knee surgery for 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. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for purchase is not consistent with guidelines. Therefore, this request is not medically necessary.

Celebrex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 30-31 and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs) like Celebrex for the treatment of knee osteoarthritis in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Records indicate that this patient has been using Celebrex since at least 9/14/13, as prescribed by the primary treating physician. Some symptomatic relief is documented with the combined use of Percocet and Celebrex. This request from the orthopedic surgeon is noted for post-operative medications. There is no compelling reason to support the medical necessity of an additional prescription of Celebrex in the post-operative period beyond that already prescribed by her primary treating physician. Therefore, this request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of opioids on a short term basis for knee pain. Guidelines recommend Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids, also known as "normal-release" or "immediate-release" opioids, are seen as an effective method in controlling both acute and chronic pain. Guideline criteria have not been met. This patient is currently prescribed Percocet for pain management and is noted to be allergic to Norco and Vicodin. There is no compelling reason to support the medical necessity of an additional opioid medication in the post-operative period. Therefore, this request is not medically necessary.