MAXIMUS Federal Services

Case Number:	CM13-0002770		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2004
Decision Date:	02/20/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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:

The patient is a 58-year-old female who reported an injury on 05/25/2004. The mechanism of injury information was not provided within the medical records. Review of the medical records reviewed the patient's diagnoses included left knee contusion, sprain, resting posterior medical arthritis by MRI and clinical examination; left knee intra-articular loose bodies; lumbar sprain; left lower extremity weakness and atrophy; and probable symptomatic progressive spinal stenosis and neurogenic claudication. The most recent clinical note dated 07/16/2013 revealed the patient's chief complaint was low back pain, and increasing bilateral hip greater trochanter pain, as well as noted increased pain to her left knee. Objective findings included tenderness about the left knee with flexion, tension, and crepitation. There was also noted tenderness in the bilateral lumbosacral region, and bilateral hip greater trochanter more right than left. The patient received bilateral lumbosacral epidural steroid injections on this date, in addition to trigger point injections to the left greater trochanter. The patient was prescribed risperidone 1 mg, 1.5 tablets by mouth at bedtime for anxiety, lisinopril 20 mg daily, Wellbutrin 300 mg 1 tablet daily, Protonix 40 mg 1 tablet daily before breakfast, ibuprofen 600 mg Â½ to 1 tablet 4 times a day as needed for pain, Savella 50 mg 1 tablet daily, Norco 10/325 Â½ tab to 2 tablets every 6 hours as needed for pain, Lyrica 225 mg 1 tablet at bedtime, and Lyrica 150 mg 1 tablet daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 3 supartz injections to the left knee: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: California MTUS/ACOEM does not address hyaluronic acid injections. Per Official Disability Guidelines, the requested service is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, including exercise, NSAIDs, or acetaminophen, to potentially delay total knee replacement. There is no objective findings provided in the medical record of severe osteoarthritis to the patient's knee, and there is no documentation of previous failed conservative treatments as recommended by Official Disability Guidelines; as such, the request for 3 Supartz injections to the left knee is non-certified.

1 knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: Per California MTUS/ACOEM Guidelines, a short period of immobilization after an acute injury to relieve symptoms is recommended; however, it is not recommended for prophylactic braces or prolonged bracing for ACL deficient knees. ACOEM does recommend functional bracing as part of a rehabilitation program. As there is no documentation to suggest the patient is participating in a rehabilitation program at this time, the use of a knee brace is not medically necessary. Therefore, the request for 1 knee brace is non-certified.