MAXIMUS Federal Services

Case Number:	CM13-0007845		
Date Assigned:	09/17/2013	Date of Injury:	09/15/2004
Decision Date:	01/13/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/06/2013

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 Orthopedic and Hand Surgery has a subspecialty in and is licensed to practice in Texas. 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 64-year-old female who reported a work related injury on 09/15/2004, specific mechanism of injury not stated. However, the patient presents for treatment of the following diagnoses: left knee degenerative joint disease, left knee anterior cruciate ligament tear, and right knee degenerative joint disease. MRI of the left knee dated 01/18/2013 revealed (1) thinned and irregular medial femoral condyle cartilage associated with thinned medial tibial plateau cartilage casing narrowing of the joint space; (2) suggestion of medial meniscectomy versus complete degeneration, correlate with clinical and surgical history; (3) T2 bright focus in the medial femoral condyle and lateral aspect of the medial tibial plateau consistent with fibrovascular change; (4) thinned cartilage of the lateral femoral condyle and lateral tibial plateau with narrowing of the joint space; (5) linear increased signal in the posterior horn and body of the lateral meniscus, which likely reflects internal degeneration, however, tear is not excluded; (6) T2 bright focus in the medial aspect of the lateral tibial plateau consistent with fibrovascular change; (7) chronic complete tear of the anterior cruciate ligament; (8) small knee joint effusion; (9) metallic hardware traversing the distal femur and proximal tibia consistent with anterior cruciate ligament repair; (10) marginal osteophytes off the femoral condyles as well as the medial tibial plateau. X-ray of the left knee dated 05/31/2013 signed by [redacted] revealed (1) reconstructive surgery of the anterior cruciate ligament with an interosseous metallic anchor in the tibia, no evidence of hardware failure; (2) moderate tricompartmental degenerative joint disease of the knee. The clinical note dated 07/30/2013 reports the patient was seen for follow-up under the care of [redacted]. The provider documents the patient, upon physical exam of the left knee, presents with positive medial joint line tenderness, positive latera

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Synvisc-1 injection: 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 and Leg Chapter.

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.

Decision rationale: The ODG indicates that there must be evidence of documented symptomatic severe osteoarthritis of the knee which requires knee pain and at least 5 of the following: bony enlargement, bony tenderness, crepitus on active motion, erythrocyte sedimentation rate of less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, over 50 years of age, rheumatoid factor less than 1 to 40 titer, synovial fluid signs. The clinical notes failed to evidence 5 of the above criteria for the requested injection therapy. Additionally, it is unclear when the employee last utilized active treatment modalities such as physical therapy for pain complaints. The request for Synvisc-1 injection is not medically necessary and appropriate.

Decision for one (1) unloading brace for the bilateral knees: 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 and Leg Chapter.

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.

Decision rationale: The current request previously received an adverse determination; however, submission of the previous peer review was not evidenced in the clinical notes reviewed. The clinical notes failed to document that the employee presented with instability about either bilateral lower extremities to support the current request. Additionally, the clinical notes evidence the employee had undergone previous multiple surgical interventions to the bilateral knees. It is unclear if the employe previously utilized bracing for the knee complaints and the efficacy of treatment. Given the lack of documented instability about either of the employe's bilateral lower extremities, the current request for one (1) unloading brace for the bilateral knees is not medically necessary or appropriate.

Anaprox 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: The MTUS guidelines indicate that the maximum dose of Anaprox should not exceed 1100 mg a day. The employee utilizes 2 tabs of Anaprox 550. The clinical notes provided for review evidence that the employee was instructed to utilize 1 tab by mouth 2 times a day for pain complaints. The current request cannot be modified. The request for Anaprox 550 mg #90 is not medically necessary and appropriate.