

Case Number:	CM13-0030058		
Date Assigned:	03/28/2014	Date of Injury:	01/24/2011
Decision Date:	04/25/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 48 year old female who was injured on 01/24/2011. The mechanism of injury is unknown. Prior treatment history has included CBT sessions which she benefited from but has continued anxiety and somatization and physical therapy. 09/04/2013 Medications Include: Lyrica Celebrex Bupropion Docusate Office note dated 09/04/2013 indicated the patient's knee pain continues to increase with activity. The knee pain and lower back pain make it difficult to rise from a seated position or squat down. She is able to walk 30 minutes twice weekly with the current medications and does a limited home exercise program learned at physical therapy for 10 minutes. She rated her pain a 5-6/10. Objective findings on knee exam revealed tenderness was found in the left knee with range of motion; crepitus was found at the patellar femoral compartment joint. The knee swells and gets warm. Range of motion examination revealed extension 0 degrees; flexion 130 degrees; anterior patella femoral tenderness 2; medial joint tenderness 2; McMurray's 1; Lachman's 0; ACL instability 0; Q angle 5; Lateral joint tenderness 1; fusion 1; Right knee range of motion within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The Expert Reviewer's decision rationale: The medical records do not document a recent traumatic injury involving the left knee. The patient demonstrates normal gait and cadence with ambulation, is able to fully bear weight on the left leg, and examination demonstrates the knee is stable. There is no radiographic evidence demonstrating internal derangement involving the knee. The medical records do not establish the existence of clinically significant functional deficits on recent trauma involving the left knee, as to establish medical necessity for MRI. In the absence of subjective and objective findings support the request, the medical necessity of a left knee MRI has not been established.

NON-CUSTOM MADE LEFT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, KNEE BRACE

Decision rationale: The Expert Reviewer's decision rationale: Recent examination documents the patient demonstrates normal, non-antalgic gait, she demonstrates full and symmetric weight-bearing, is able to single leg balance and perform full squat. Examination of the left knee does not reveal any findings suggesting instability. She does not have history of knee surgery. The medical records do not establish the patient has any of the conditions for which a knee brace may be recommended to address. The medical records do not establish the requested knee brace is appropriate and medical necessary for this patient.

SYNVISC INJECTION TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, SYNVISC_i ½ (HYLAN); HYALURONIC ACID INJECTIONS

Decision rationale: The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. The medical records do not establish this patient has severe OA of the left knee and is otherwise a surgical candidate of knee arthroplasty. The medical records do not establish this patient is an appropriate candidate for Synvisc injections.

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN DOS:9/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS, INDICATORS FOR ADDITION Page(s): 87-91.

Decision rationale: Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this, and absence of support within the evidence based guidelines, it does not appear that a urine drug screen is necessary. The medical necessity of the requested urine drug screen is not established.