

Case Number:	CM13-0031076		
Date Assigned:	12/04/2013	Date of Injury:	03/21/2006
Decision Date:	01/09/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation 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 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 45-year-old female who reported an injury on 03/21/2006. The patient is currently diagnosed with bilateral knee pain, bilateral knee internal derangement, bilateral lower extremity complex regional pain syndrome, and status post right knee arthroscopy. The patient was recently seen by [REDACTED] on 10/24/2013. Physical examination revealed positive McMurray's testing bilaterally, tenderness to palpation over the joint line, positive Apley's grind testing, patellofemoral crepitation, and healed arthroscopic portholes. Treatment recommendations include continuation of current medications and a TENS and EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient has

continuously utilized Klonopin since at least 02/13/2013. The patient continues to complain of bilateral lower extremity pain, and continues to demonstrate positive McMurray's testing, tenderness to palpation over the joint line, positive Apley's grind testing, and patellofemoral crepitation. Satisfactory response to treatment has not been indicated. The available patient information received did not provide compelling reasons to override the cited guidelines that are not supportive. There was no justification for chronic use of benzodiazepines. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

KGL/caps cream for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of a failure to respond to previous first line treatment prior to the initiation of a topical analgesic. Despite the ongoing use of this medication, the patient continues to complain of bilateral lower extremity pain, and demonstrates no significant change in physical examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Synvisc injections for 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), Treatment Index, Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. Official Disability Guidelines state criteria for hyaluronic acid injections include patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments, or are intolerant of these therapies after at least 3 months. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. There is also no evidence of a failure to respond to previous conservative non-pharmacologic or pharmacologic treatments at least 3 months prior to the request for a hyaluronic acid injection. There is no evidence of bony enlargement, ESR less than 40 mm per hour, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer, or synovial fluid signs.

There is no evidence of pain that interferes with functional activities that is not attributed to other forms of joint disease, nor is a failure to adequately respond to aspiration and injection of intra-articular steroids. Based on the clinical information received, the patient does not currently meet criteria for a hyaluronic acid injection. As such, the request is non-certified.

Medial uploader braces 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), Treatment Index, Knee and Leg, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Knee & Leg Chapter, Knee brace.

Decision rationale: Official Disability Guidelines state knee braces are recommended for patients with knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Although the patient demonstrates positive McMurray's and Apley's testing, tenderness to palpation, and crepitation, there is no evidence of significant instability or ligament insufficiency. The patient does not maintain a diagnosis of failed total knee arthroplasty, meniscal cartilage repair, avascular necrosis, tibial plateau fracture, or osteoarthritis. Based on the clinical information received, the patient does not currently meet criteria for the requested equipment. Therefore, the request is non-certified.