

Case Number:	CM13-0046714		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2004
Decision Date:	03/17/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 46-year-old injured worker who reported injury on 03/11/2004. The mechanism of injury involved a fall. The patient is diagnosed with internal derangement of the left knee, lumbar pain, elements of insomnia and depression, and weight gain. The patient was seen by [REDACTED] on 12/20/2013. The patient reported persistent left knee pain with popping, clicking, and swelling. Physical examination only revealed 170 degree extension, 90 degree flexion, and crepitation with range of motion. Treatment recommendations included continuation of current medications and authorization for Hyalgan injections into the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injections, quantity 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration and cortisone injections, are not routinely indicated.

Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded to conservative treatment. As per the documentation submitted, there was no evidence of bony enlargement, bony tenderness, less than 30 minutes of morning stiffness, or no palpable warmth of synovium. There is no documentation of symptomatic severe osteoarthritis of the knee. There is also no evidence of a recent failure to respond to nonpharmacologic or pharmacologic treatment for at least 3 months. It is also not documented whether the patient has failed to respond to aspiration and injection of intra-articular steroids. The request for Hyalgan Injections, quantity 5 is not medically necessary and appropriate.

TENS Unit, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. There is no documentation of this patient's active participation in a functional restoration program to be used in conjunction with a TENS unit. There is also no evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a successful 1 month trial prior to the request for a purchase. There is no evidence of a treatment plan with the specific short and long term goals of treatment with TENS unit. The request for a TENS unit, quantity 1 is not medically necessary and appropriate.

Hot and cold wrap, quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. There is no documentation of a failure to respond to local at home applications of heat or cold packs prior to the request for a unit. California MTUS/ACOEM Practice Guidelines further state patients at home applications of heat or cold packs may be used before or after exercise and are as effective as those performed by therapists. The request for a Hot and cold wrap is not medically necessary and appropriate.

Norco, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. The patient's physical examination continues to report decreased range of motion with crepitus and tenderness to palpation. Satisfactory response to treatment has not been indicated. The request for Norco, quantity 120 is not medically necessary and appropriate.