

Case Number:	CM13-0059208		
Date Assigned:	01/03/2014	Date of Injury:	12/05/2006
Decision Date:	04/25/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 50 year-old female with a reported injury date of 12/5/06. The records suggest a history of bilateral knee pain. The claimant's pain complaints are described in the context of reports of muscle spasms and numbness and tingling in her feet. She has been given a nonspecific diagnosis of "internal derangement of the knee bilaterally status post-surgical intervention." The diagnosis provided is entirely nonspecific and uses an outdated term which does not specify a diagnosis. The previous right knee procedure was noted to involve a partial meniscectomy and a chondral debridement. It is unclear if the claimant had significant findings of osteoarthritis according to the records reviewed. A record dated August 2012 suggested that the claimant has patellofemoral arthritis and later clarifies "only the patellofemoral joint has significant arthritic changes." The claimant is reported to have "excellent cartilage interval maintained on the medial and lateral portion of the knee." The provider subsequently alluded to a large osteochondral defect of the left patellofemoral joint, and there is an indication that the claimant does not have osteoarthritis due to obesity. There is a suggestion that the claimant could have "ongoing development of an osteoarthritic condition." The request currently includes Hyalgan injections to both knees, Medrox Patches, and custom-made unloader knee braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYALGAN INJECTIONS TO BOTH 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), Criteria for Hyaluronic Acid or Hylan Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates: Chapter Knee and Leg: Hyaluronic Acid Injections

Decision rationale: The requested Hyalgan injections to both knees cannot be recommended as medically necessary. California MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines require a clear diagnosis of osteoarthritis which has failed other conservative treatment in order to pursue viscosupplementation injections. There are no radiographic reports documenting neither significant osteoarthritic change nor are there arthroscopic reports detailing osteoarthritis. Although the claimant is reported to have patellofemoral changes, it is documented that the claimant has maintained cartilage in the medial and lateral compartments. It is not clear that this claimant who has a multitude of symptoms has significantly symptomatic osteoarthritis. This is further emphasized by the nonspecific diagnosis of the treating provider as "internal derangement." Accordingly, there is insufficient information to justify the requested Hyalgan injections and thus is non-certified.

MEDROX PATCHES #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounds Page(s): 111, 112-113.

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

Decision rationale: The requested Medrox Patches cannot be recommended as medically necessary. Medrox Patches involve a number of different ingredients including 0.0375% Capsaicin, Menthol, and Methyl Salicylate. California MTUS Chronic Pain 2009 Guidelines note that there is little to no research to support the use of many compounded medications such as this. Any compounded product that contains at least one drug that is not recommended is not recommended. The formulation of Capsaicin within the Medrox Patch has not been shown in scientific studies to be efficacious and it exceeds the typical percentage that has been utilized in prior studies. Chronic Pain Guidelines further suggest that the percentage of Capsaicin in this formulation is not recommended for topical application. Overall, the Medrox Patch contains at least one component that is not recommended; and therefore, the Medrox Patch would not be recommended according to MTUS Chronic Pain Guidelines.

KNEE BRACES WITH HINGES AND CUSTOM MADE UNLOADER KNEE BRACE (DON JOY): 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) Treatment in Worker's Comp; 18th Edition; 2013 Updates: Chapter Knee and Leg: Unloader braces for the knee.

Decision rationale: An unloader knee brace would be completely contraindicated in this case. Unloader braces are given only for patients that have symptomatic osteoarthritis of either the medial or lateral compartment when patients have alignment issues such that shifting the weight into the less affected compartment would be beneficial. In this case, the claimant does not have either medial or lateral compartment arthritis, according to the records reviewed. The records provided for review do not explain why the medical provider has recommended an unloader brace in this situation. The unloader brace for either knee cannot be recommended as medically necessary.