

Case Number:	CM14-0005878		
Date Assigned:	02/07/2014	Date of Injury:	07/03/2003
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/15/2014

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 Oklahoma, Texas, California, and Tennessee. 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 injured worker is a 55-year-old female who sustained an injury on 07/03/03 while working as a housekeeper. The injured worker was cleaning a restroom and slipped and fell landing in the kneeling position injuring both knees. The injured worker has undergone multiple arthroscopic procedures for both the left and right knee followed by physical therapy. The injured worker has also received multiple corticosteroid injections to date without substantial relief. The injured worker describes moderate pain in the bilateral knees that is worsened with activities. The injured worker did utilize a cane for long distance walking and for stabilization. The injured worker was also being followed for complaints in the low back. Previous medications have included Tramadol, Terocin cream, and Medrox patches. MRI (magnetic resonance imaging) studies of the knee dated 08/29/13 noted meniscal tearing in the medial meniscus with a diminutive lateral meniscus possibly secondary to postoperative change. No ligamentous tearing was identified. There was spurring within the lateral tibial femoral compartment with noted chondral thinning. In the patella femoral compartment there was a lateral patellar tilt and subluxation without focal chondral defect. A moderate amount of joint effusion was identified. The second MRI from the same date for a different knee noted femoral tibial spurring with again a lateral patellar tilt and subluxation without a focal chondral defect. The clinical report on 10/11/13 indicated the injured worker had been followed for persistent complaints of pain in the low back as well as the bilateral knees. The injured worker's physical examination did note an antalgic gait with tenderness to palpation in the lumbar spine. There was diminished sensation in a left L4 through S1 dermatome. Mild weakness was noted at the left tibialis anterior and extensor hallucis longus. Additional chiropractic therapy was recommended at this visit. The injured worker was continued on Tramadol, Omeprazole, and topical medications. Follow up on 12/05/13 indicated the injured worker had persistent bilateral

knee pain rating 8-9/10 on the visual analog scale (VAS). The injured worker indicated her left knee pain has increased and there were popping noises heard. The injured worker did note some decrease in pain with medications. On physical examination, there was a continued mild antalgic gait. Range of motion of the bilateral knees was to 120 degrees flexion. Crepitus was noted with range of motion. No instability was identified. No evidence of swelling or effusion was present in either knee. There was some mild weakness of the quadriceps. The injured worker was recommended for Synvisc injections for the bilateral knees, a series of 3. The injured worker was recommended to continue with a home exercise program as well as continue with Norco 5/325mg as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG AS DIRECTED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the Norco 5/325mg, the clinical documentation submitted for review did not support the continued use of this medication. It is noted that the injured worker was also being prescribed Tramadol from a different physician. The provider recommended to continue with Norco as of 12/05/13, but not specified a duration or frequency of this medication. There is no clear functional improvement or pain reduction identified with the use of Norco that would support its ongoing use. Given that the injured worker has been followed with [REDACTED] [REDACTED] for low back symptoms and has been provided multiple medications from [REDACTED] [REDACTED], any further prescription should come from one physician only. The MTUS guidelines do recommend avoiding poly-pharmacy. Given the lack of any clinical indications for the continued use of Norco as outlined by current evidence based guidelines, the recommended is non-certification.

ORTHOVISC INJECTIONS FOR THE BILATERAL KNEES SERIES OF THREE INJECTIONS ONCE PER WEEK FOR THREE WEEKS(THREE INJECTIONS):

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 & Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyalgan Injections.

Decision rationale: In regards to Orthovisc injections for the bilateral knees, a series of three (3), the request procedure is recommended as medically necessary. The clinical documentation submitted does not fully establish a diagnosis of symptomatic osteoarthritis in the bilateral knees. Imaging of the bilateral knees showed some spurring in the tibial femoral area; however, there was no evidence of active osteoarthritis that would be reasonably contributing to the patient's current symptoms. Per Official Disability Guidelines (ODG), there should be objective findings consistent with osteoarthritis in the bilateral knees to warrant Synvisc injections. As this has not been provided in the clinical record, the recommended is non-certification.

FOLLOW-UP IN EIGHT WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

Decision rationale: In regards to the request for a follow up, given that the injured worker is continuing to be symptomatic in the bilateral knees and is being actively followed by the provider, a follow up in 8 weeks for reevaluation would be reasonable and medically appropriate as well as standard of care. Therefore, the recommended is for certification.