

Case Number:	CM14-0005894		
Date Assigned:	02/05/2014	Date of Injury:	07/03/2003
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 55-year-old woman with chronic bilateral knee pain, claiming injury over 10 years ago, on 7/3/2003. She has discogenic low back pain. She is status post bilateral knee arthroscopies. X-ray on 8/16/13 demonstrated bilateral knee mild to moderate degenerative joint disease (DJD). She had bilateral knee MRIs 8/28/13 as well. She requested additional non-diagnostic studies a few months later, and Orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use Page(s): 78-80.

Decision rationale: Although records document that this patient has had maintenance or improved function on narcotics, there is no objective evidence of this, which is a criteria for the continuation of opioids. Her pain level is consistently high, even when on the opioids, indicating

that they have not controlled her discomfort. The Hydrocodone/APAP/325mg is not medically necessary or clinically indicated. Therefore, the request is denied.

X-RAYS OF THE BILATERAL KNEES TO EVALUATE THE PATIENT'S MECHANICAL MOTION FROM A NON-DIAGNOSTIC STANDPOINT: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: It is unclear why a non-diagnostic x-ray would be medically necessary. She recently had an x-ray and MRI of each knee, and there is no documented change necessitating one. ACOEM guidelines do not call for non-diagnostic x-rays in evaluating knee complaints. The only condition suggesting the need for plain radiographs is to evaluate for patello-femoral syndrome, and only weakly so. Therefore, the x-rays are not indicated, and are not medically necessary.

MAGNETIC RESONANCE IMAGING (MRIS) OF 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: Per ACOEM guidelines, MRI may be used to identify an array of knee pathologies. She recently had an MRI without any interval incidents or traumas between that and the requested new MRI. It is not clear what a non-diagnostic MRI would show that would influence this patient's management, and it is not described in the MTUS guidelines. Therefore, it is not medically necessary.

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),

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

Decision rationale: The MTUS is silent around viscosupplementation. Official Disability Guidelines (ODG) states that it can be used in severe osteoarthritis (OA) when a patient has not

responded adequately to conservative treatments, such as exercise, NSAIDs or acetaminophen. Improvement is modest at best. Criteria for documented severe osteoarthritis have been partially met - documentation of bony tenderness, crepitus, no palpable warmth and being over 50 years of age. (Four of five criteria needed) the labs, including rheumatoid factor and normal synovial fluid studies are not demonstrated, nor is bony enlargement or time of morning stiffness. She has demonstrated that pain interferes with functional activities, and is using a cane. She has to demonstrate failure to adequately respond to aspiration and injection of intra-articular steroids. There needs to be adequate documentation of other conservative treatments, as noted above. The Orthovisic injections are not medically indicated.

FOLLOW-UP VISIT IN FOUR WEEKS: 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),

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

Decision rationale: Per the Official Disability Guidelines (ODG), office visit authorization is granted on an individualized basis. Visits may be critical to diagnosis of a condition and improved function of an injured employee. Patient conditions are varied, and visit frequency must be individualized. They should be done with the goal of promoting self-management and independence from the doctor. In this specific case, the employee and the doctor need to work on a plan for self-management of her symptoms. The office visit should be used to determine the plan of action for her pain relief and functional improvement/restoration. Therefore, the need to follow-up with the treating provider is medically necessary.