

<b>Case Number:</b>	CM14-0101163		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/24/2003
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 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:

There were 171 pages for review. The request for independent medical review was signed on June 23, 2014. It was for orthopedist injections times three to the left knee and a urine drug screen. Most of the records were old. Per the records provided, there was a note from December 2006 documenting that the patient was in for a workup for bypass surgery. Several of these notes were provided in regards to the claimant's morbid obesity. There was a 2006 Qualified Medical Examination provided. The claimant had the acute onset of right foot pain, and was having difficulty at work. She had significant osteoarthritis of her knees. Her original injury was to her left knee. She had left knee surgery. She walks favoring the left knee with an antalgic gait. This has exacerbated the right knee osteoarthritis and is limited to the acute onset of right foot pain. There was also degeneration at the talonavicular joint. The doctor recommended a cast boot or cam walker. A note from April 6, 2010 was a letter regarding an appeal for a motorized scooter wheelchair. The claimant is described as a 54-year-old intermediate clerk typist. Her job duties vary from sedentary to light, and reportedly occasionally light to moderate and on occasion heavy. She was having problems with her right knee. The records again all appeared to be older. There was an Agreed Medical Report from September 14, 2005. She injured her left knee in January 2003. She stepped on the rock that was being used to hold the door open. To keep from falling, she severely twisted the left knee. She was out of work for 10 months with a left knee injury. She returned to work in March 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Orthovisc injection x3 left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines - Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee, under Hyaluronic Acid knee injections.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG noted regarding forms of Hyalgan injections that they are for osteoarthritis: A series of three to five intra-articular injections of Hyaluronic acid (or just three injections of Hylan) in the target knee with an interval of one week between injections. (Huskin, 2008) (Zietz, 2008) (Wobig, 1999) (Raman, 2008). They Indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). It is not clear what the outcomes of past Hyaluronic Acid injections were in this claimant, and what functional benefit was gained. Also, it is not clear what standard non-pharmacologic and pharmacologic measures had been exhausted. The requests for the injections are not medically necessary and appropriate.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 14 Ankle and Foot Complaints Page(s): 79, 374.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary and appropriate.