

Case Number:	CM14-0015217		
Date Assigned:	02/28/2014	Date of Injury:	03/25/2010
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 46 year old male who was injured on 03/09/2010 when he tripped over a dog and twisted his right knee and right ankle. The patient underwent a knee UA scope debridement, lateral release, open high tibial osteotomy, tibial tubercle osteotomy, autologous chondrocyte implantation in medial femoral condyle as well as trochlea on 05/24/2013. X-ray of the right knee dated 06/27/2013 and 07/25/2013 demonstrates the knee has a stable appearance of osteotomy site in proximal tibia. The hardware is in place and intact and there is partial healing present at the osteotomy site. Panel qualified medical re-evaluation note dated 01/15/2014 states the patient presents with complaints of right knee pain. He reports he can tolerate walking for around 10-15 minutes or three blocks. He states he has stiffness in the knee and pain with flexion and extension. On examination of the right knee, there is full range of motion. There is global warmth in the knee and particular point tenderness along the medial aspect of the right knee. Motor exam in bilateral lower extremity cannot really be carried out secondary to complaints of pain. He has full range of motion of the right ankle. On SCL-90-R, the patient has an increase in depression and anxiety levels compared to the pain patient sample mean and was massively elevated compared to the community sample mean. Testing indicated that this gentleman should seek consultation with a mental health professional. The patient is diagnosed with 1) Internal derangement, right knee, status post recent high tibial osteotomy, meniscal debridement and chondroplasty with chondral site implantation 2) Chronic sprain, right ankle 3) Sympathetic pain, left knee and 4) Chronic lumbosacral strain. Prior UR dated 01/17/2014 states the request for Visco injections to the right knee are not certified as criteria for its use has not been established. The request for Kohana cream is not certified as there is no evidence to support the benefits of its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

VISCO INJECTIONS RIGHT KNEE: 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), Knee & Leg, Hyaluronic Acid Injections

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG guidelines, Visco injections (Hyaluronic acid injections) are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The guidelines state criteria for the use of these injections; "(1) Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; (2) Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; (3) Failure to adequately respond to aspiration and injection of intra-articular steroids". The medical records document that pain interferes with the functional activities of this 46 years old patient, but they do not address a definitive diagnosis of severe osteoarthritis. Although the records document the patient is undergoing physical therapy, they do not indicate the failure of this method of treatment in managing this patient's condition. Therefore, the medical necessity of the Visco Injections for the right knee has not been established according to the guidelines. The request for Visco Injections for right knee is not medically necessary and appropriate.

KOHANA CREAM (CUSTOM COMPOUNDED TOPICAL CREAM): 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, TOPICAL ANALGESICS, 111-113

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

Decision rationale: As per the UR decision dated 01/17/2014, the requested Kohana cream is composed of the following ingredients; Diclofenac, Neurontin, Flexeril, Baclofen and Lidocaine. According to CA MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that Baclofen

and Flexeril as a muscle relaxant are not recommended for topical use. Therefore, the Kohana cream (custom compounded topical cream) is not medically necessary. The request for Kohana cream (custom compounded topical cream) is not medically necessary and appropriate.