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| Case Number: | CM14-0166421 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 03/23/2013 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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:

This patient is a 53 year old male who developed increasing left knee problems subsequent to an injury dated 3/23/13. Due to persistent pain he underwent a left knee menisectomy on 3/27/14, but he has not done well with continued pain, swelling and limitations. He has had 12 sessions of postoperative therapy with slight improvement and has been self rehabilitating in a gymnasium. Due to the persistent problems, an MRI arthrogram, additional therapy, and injections were requested by the primary treating physician and Qualified Medical Evaluator (QME) evaluator. The MRI arthrogram (8/22/14) showed a persistent complex meniscal tear leading the QME evaluator to recommend repeat surgery before additional therapy and/or injections. There are no records for review that updates the primary treating doctor's review of the MRI arthrogram and subsequent plans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections x 5: 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 of Hylan

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: MTUS Guidelines do not address this issue. ODG Guidelines directly address this and do not recommend Hyalgan if there is severe osteoarthritis and conservative care has been exhausted. This patient does not meet these criteria. The patient does not have severe osteoarthritis and appears to continue to have a surgical condition as revealed by the MRI arthrogram and discussed by the QME evaluator. Under these circumstances the injections are not consistent with Guidelines and the Hyalgan injections X's 5 are not medically necessary.

Physical therapy 3 x 4 for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12.

Decision rationale: MTUS Guidelines recommend up to 12 sessions of physical therapy as being adequate for postoperative therapy post menisectomy. This patient has met this criterion. His ongoing problems have been opinioned to be due to a condition that needs to be addressed by surgery and not additional therapy. If he has additional surgery post surgical guidelines would start over. The additional 12 sessions of therapy are not medically necessary pending likely additional surgery.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screening.

Decision rationale: MTUS Guidelines briefly mention that urine drug screens can have utility when opioids are going to be initiated or need monitoring. ODG Guidelines address urine drug screens in more detail and recommend them based on risk assessment for potential abuse. The treating physician does not document any risk assessment for any specific medications and/or opioids for which he is screening. Under these circumstances the urine drug testing is not Guideline supported and is not medically necessary.