

Case Number:	CM14-0170145		
Date Assigned:	10/20/2014	Date of Injury:	03/21/2012
Decision Date:	11/26/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

Patient is a 57 year-old female with date of injury 03/21/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2014, lists subjective complaints as bilateral knee pain. Patient is status post left knee arthroscopy on 05/20/2014. Objective findings: Examination of the bilateral knees revealed tenderness to palpation of the medial and lateral joint lines. Decreased range of motion with pain, especially extension on the left. Patient complains of pain with weight bearing. Patient has completed 12 sessions of land therapy and has been approved for 8 sessions of aquatic therapy. Left knee injection performed on 02/07/2014 was reported to have no significant benefit. Diagnosis: 1. Wrist joint pain 2. Lower leg pain 3. Cervical degenerative disc disease 4. Cervicalgia 5. Status post left knee arthroscopy 6. Left knee patellofemoral syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Injections #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG Knee

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 (Acute & Chronic), Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines contain numerous criteria which are used to evaluate the appropriateness of hyaluronic acid injections to the knee. The medical record does not contain the necessary documentation to recommend hyaluronic acid injections. Specifically, significant improvement in symptoms for 6 months or more, and if symptoms recur, additional injections may be appropriate. In addition, The American College of Rheumatology, lists knee pain and at least 5 of 9 criteria. There is little documentation in the medical record which would allow the authorization of the injections using the ACR criteria either. Euflexxa Injections #3 is not medically necessary.

Pennsaid 2% solution bid to 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) Pain (Chronic), Diclofenac

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Pennsaid 2% solution bid to knee is not medically necessary.

██████████ **Knee Sleeve:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In addition, Guidelines do not support the use of copper knee sleeves, bracelets, or other copper-containing appliances. ██████████ Knee Sleeve is not medically necessary.