

Case Number:	CM14-0204323		
Date Assigned:	12/10/2014	Date of Injury:	07/08/2000
Decision Date:	12/16/2014	UR Denial Date:	12/05/2014
Priority:	Expedited	Application Received:	12/06/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, opioid dependence, anxiety, depression, and thyroid dysfunction reportedly associated with an industrial injury of July 8, 2000. The applicant, it is incidentally noted, has alleged various issues secondary to cumulative trauma at work as opposed to a specific, discrete injury. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a left knee thermal chondroplasty procedure of December 2006; and opioid agents. In a Utilization Review Report dated December 5, 2014, the claims administrator retrospectively denied a hyaluronic acid injection performed in December 1, 2014, denied an adjustable bed, denied a right knee MRI, and denied a left knee MRI. The claims administrator stated that its decisions were based on a December 1, 2014 progress note. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the attending provider posited that the applicant had a significant degree of impairment which was above and beyond that encapsulated in the MTUS. The applicant reported ongoing complaints of bilateral knee pain, reportedly severe, imputed to post-traumatic knee arthritis. 7/10 pain was noted, exacerbated by standing, walking, and lifting. The applicant was on Voltaren gel, Vitamin D, Topamax, oral Diclofenac, Prozac, Prilosec, Norco, and Levoxyl. The attending provider posited that earlier viscosupplementation injections were beneficial. The applicant was using four to five Norco a day, it was noted. A right knee hyaluronic (viscosupplementation) injection was performed in the clinic. Retrospective authorization for the same was sought. An adjustable bed was sought to afford the applicant with the opportunity to elevate his knees and ankles on an as-needed basis. Bilateral knee MRIs were endorsed to ascertain the progression of the applicant's posttraumatic arthritis. It was stated that the applicant was previously deemed a candidate for a total knee arthroplasty but that the applicant wished to

defer the proposed total knee arthroplasty procedure. In an earlier note dated November 3, 2014, the applicant again reported ongoing issues with bilateral knee pain. The attending provider again stated that he wished to obtain knee MRIs to ascertain the progression of the applicant's knee arthritis. A right knee corticosteroid injection was sought. It was stated that the applicant was getting worse and might be a candidate for a total knee arthroplasty. The applicant was using Topamax, Norco, Prozac, and Diclofenac, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Hyaluronic Acid Injection for Right Knee (DOS: 12/01/14): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections section.

Decision rationale: The MTUS does not address the topic of viscosupplementation (hyaluronic acid) injections. However, the Third Edition ACOEM Guidelines do acknowledge that intra-articular viscosupplementation (hyaluronic acid) injections are recommended in the treatment of moderate-to-severe knee osteoarthrosis as was/is present here. The attending provider indicated that the applicant's knee osteoarthrosis had, in fact, proven recalcitrant to conservative treatments, including time, medications, corticosteroid injection therapy, etc., and that the applicant wished to employ the hyaluronic acid injection in question to defer the need for surgical intervention involving the injured knee. This was an appropriate usage of the hyaluronic acid injection in question. Therefore, the request for Retrospective Hyaluronic Acid Injection for the Right Knee (DOS: 12/01/14) was medically necessary.

Adjustable Bed 6 months: 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), Low Back Chapter, Mattress Selection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sleeping Surfaces section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that specific beds or other commercial sleep products are deemed "not recommended" as there is no evidence that provision of any one particular bed, mattress, or other sleeping surfaces would necessarily ameliorate the applicant's pain complaints. While ACOEM does qualify its position by noting that applicants should select those beds, mattresses,

and/or other sleeping options which are most comfortable for them, ACOEM notes that this is, by and large, a matter of applicant preference as there is no evidence of provision of one particular bed would ameliorate the applicant's pain complaints. Therefore, the request for an Adjustable Bed for 6 months is not medically necessary.

MRI for Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Knee Chapter, Diagnostic Testing section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-6 notes that MRI imaging is "recommended" to determine the extent of an ACL tear preoperatively, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the effected right knee based on the outcome of the proposed MRI. There was no mention of how the proposed knee MRI would influence or alter the treatment plan. It appeared that the applicant was intent on pursuing the proposed knee MRI for the academic purpose of determining the progression of knee arthritis here. However, the Third Edition ACOEM Guidelines go on to note that MRI imaging is "not recommended" for the evaluation of chronic knee pathology associated with degenerative joint disease, as is present here. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request for MRI for Right Knee is not medically necessary.

MRI for Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Knee Chapter, Diagnostic Testing section.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 does acknowledge that MRI imaging is "recommended" to determine the extent of ACL tears preoperatively, in this case, however, there was no mention of the applicant's carrying a diagnosis of ACL tear or suspected ACL tear. There was no indication that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention involving the left knee based on the outcome of the same. The attending provider indicated in this progress note, moreover, that the MRI study in question was being ordered for academic evaluation purposes to determine the progression of the applicant's already-established diagnosis of left knee osteoarthritis. However, the Third Edition ACOEM Guidelines specifically note that MRI imaging is "not recommended" for the routine evaluation of chronic knee pain, particularly that

associated with degenerative joint disease. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request for MRI for Left Knee is not medically necessary.