

Case Number:	CM14-0046554		
Date Assigned:	07/02/2014	Date of Injury:	10/23/2010
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 52-year-old female who reported an injury on 10/23/2010. The mechanism of injury was not provided. On 05/12/2014, the injured worker presented with left knee pain. Upon examination of the left knee, there was a slight amount of soft tissue swelling, knee flexion to 100 degrees and extension at 175 degrees. There was patella, medial and lateral joint tenderness. Diagnoses were mild osteoarthritis of the left knee; a painful left hip, etiology undetermined; and status post left knee arthroscopy with synovectomy, chondroplasty of the medial femoral condyle, chondroplasty of the lateral femoral condyle, and loose body removal. Prior therapy included surgery and medications. The provider recommended Relafen 500 mg and Orthovisc injection to the left knee with ultrasound guidance. The provider's rationale was not provided. The Request for Authorization form was dated 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S Page(s): 67*73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page Page(s): 70.

Decision rationale: The request for Relafen 500 mg with a quantity of 60 is not medically necessary. California MTUS Guidelines recommend the use NSAIDs for injured workers with osteoarthritis, including knee and hip, and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period for injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. A completed adequate pain assessment of the injured worker was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Orthovisc injections left knee with ultrasonic guidance (Qty 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and leg chapter.

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: The request for Orthovisc injection of the left knee with ultrasound guidance quantity of 3 is not medically necessary. The California MTUS recommend Orthovisc injections or hyaluronic acid injections as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment. It is also recommended to potentially delay total knee replacement but in recent quality studies, the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for the other conditions. The injured worker is diagnosed with mild osteoarthritis of the left knee; the guidelines recommend Orthovisc injection for severe osteoarthritis. As the injured worker does not have a diagnosis congruent with the guideline recommendations of Orthovisc injection, the injection would not be warranted. As such, the request is not medically necessary.