

Case Number:	CM14-0046853		
Date Assigned:	07/02/2014	Date of Injury:	01/18/2001
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
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 & Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female who reported an injury on 01/18/2001. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented with right knee pain and pain in the right shoulder. Upon exam of the right knee, there mild edema noted and tenderness to palpation over the medial joint line and mediolateral ligament. There was positive crepitus and active range of motion values of 115 degrees of flexion and 0 degrees of extension. Examination of the right shoulder noted tenderness to palpation over the posterior musculature and positive impingement with decreased active range of motion. The diagnoses were right shoulder sprain/strain, right wrist strain/sprain, and right knee patellofemoral arthropathy. Prior medications include Lidoderm patch. The provider recommend a right knee Bionicare; right knee Synvisc injection, series of 3; and Lidoderm patches. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Bionicare: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Knee and Leg Procedure Summary last updated 01/20/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Bionicare Knee Device.

Decision rationale: The request for right knee BioniCare is not medically necessary. Official Disability Guidelines recommend BioniCare knee device as an option for injured workers. It should be used as an adjunct to therapeutic exercise or for osteoarthritis of the knee. It may also be used for candidates for total knee arthroplasty but to defer surgery. The device is FDA approved as a TENS device, but there are additional claims of tissue regeneration effectiveness in studies suggesting the possibility of deferral of a TKA with the use of BioniCare device. There was lack of documentation that the injured worker was a part of a therapeutic exercise program for osteoarthritis of the knee or that the injured worker was a candidate for total knee arthroplasty and wanted to defer surgery. There is lack of evidence that the injured worker has a diagnosis or symptoms congruent with the guidelines recommendation for BioniCare for the right knee. As such, the request is not medically necessary.

Lidoderm patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine Patch), page(s) 56-57 Page(s): 56-57.

Decision rationale: The request for Lidoderm patches 5% with a quantity of 30 is not medically necessary. According to California MTUS, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, to include tricyclic or SNRI antidepressants or AEDs, such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for Lidoderm patches. Additionally, there is a lack of information as to if the injured worker has failed a trial of first line therapy. The provider's request does not indicate the site that the Lidoderm patches are intended for or the frequency in the request as submitted. As such, the request is not medically necessary.

Right Knee Synvisc injections series of three (3)=6ml, 48mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Knee and Leg Procedure Summary last updated 01/20/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid Injections.

Decision rationale: The request for right knee Synvisc injection, series of 3 equaling 6 mL, 48 mg is not medically necessary. Synvisc injections, or hyaluronic acid injections, are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatment, to include exercise, NSAIDs, or acetaminophen, or to delay total knee replacement. There is lack of evidence that the injured worker has not responded adequately to recommended conservative treatment. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendations for Synvisc injections. As such, the request is not medically necessary.