

<b>Case Number:</b>	CM14-0078068		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 injured worker is a 48-year-old female who reported an injury 01/11/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/23/2014 indicated diagnoses of tarsal tunnel syndrome on the right status post injection and surgery with persistent pain, numbness and weakness, plantar fasciitis right and left, right ankle sprain/strain with severe pain and inflammation along the talonavicular joint, elements of stress, tension and insomnia, patellofemoral inflammation with loss of articular surface medially noted, weight gain of 50 pounds, internal derangement of the knee on the left. The injured worker reported pain in the right knee and cramping and twitching in the bilateral lower extremities. She reported numbness and tingling in both knees with prolonged standing. She reported increased pain when standing longer than 10 to 15 minutes and walking longer than 1 mile. The injured worker reported she was able to lift approximately 20 pounds. The injured worker reported she had three Hyalgan injections to the right knee and experienced less sensation of straining in the right knee when standing and reported decreased crepitation as well as decreased popping in the right knee when walking and standing. The injured worker reported cramping and twitching in bilateral lower extremities, numbness and tingling in both knees with prolonged standing. Increased pain when standing longer than 10 to 15 minutes and walking longer than 1 mile. The injured worker reported she was able to lift approximately 20 pounds. The injured worker reported pain in both knees that prevented her from falling asleep. The injured worker reported depression at times due to chronic pain that limited her ability to do tasks. The injured worker reported she used hot and cold modalities for pain as needed. On physical examination of the bilateral lower extremities, the bilateral lower extremities extended to 180 degrees and flexed to 120 degrees. The injured worker's prior treatments included diagnostic imaging, three Hyalgan injections of the right knee and medication management. The provider submitted a request for Hyalgan injection to right

knee and knee orthosis for both knees. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Drain/Inject, joint/bursa 2 (Hyalgan Injection to Rt Knee series of 2): Upheld**

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

**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 Drain/Inject, joint/bursa 2 (Hyalgan injection to right knee series of 2) is not medically necessary. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), and pharmacologic treatments. Alternatively, if the injured worker is intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. There is a lack of documentation provided of exhaustion of conservative therapy such as NSAIDs and physical therapy in addition there is a lack of quantified pain relief and function improvement with the use of the Hyalgan injections to the right knee. Moreover, on physical examination there is lack of documented symptomatic severe osteoarthritis of the knees. Additionally, there is lack of the injured worker's pain assessment. Therefore, the request for Hyalgan injection to the right knee is not medically necessary.

#### **Knee orthosis, double upright, thigh and calf, with adjustable flexion Qty: 1 (knee brace for both knees): 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 brace-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).

**Decision rationale:** The request for knee orthosis, double upright, thigh and calf, with adjustable flexion quantity of one (knee brace for both knees) is not medically necessary. The Official Disability Guidelines (ODG) state custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: Abnormal limb contour, such as Valgus [knock-kneed] limb, Varus [bow-legged] limb, tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), minimal muscle mass on which to suspend a brace; skin changes, such as: excessive redundant soft skin, thin skin with risk of breakdown (e.g., chronic steroid use), severe osteoarthritis (grade III or IV), maximal off-loading

of painful or repaired knee compartment (example: heavy patient; significant pain), and/or severe instability as noted on physical examination of knee. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for knee instability, reconstructed ligament, valgus limb, varus limb, tibial varum, disproportionate thigh and calf, minimal muscle mass on which to suspend an orthosis, skin changes such as excessive redundant soft skin, thin skin with the risk of breakdown; however, the injured worker does have osteoarthritis. The document submitted did not indicate what grade of osteoarthritis the injured worker had. In addition, it was not indicated why the injured worker needed an adjustable flexion and why a prefabricated orthosis would not be adequate. Moreover, the injured worker had a prior knee orthosis, it was not indicated if there was a problem with the prior knee braces the injured worker was issued. The provider did not indicate a rationale for the request. Therefore, the request for knee orthosis is not medically necessary.