

Case Number:	CM14-0082112		
Date Assigned:	07/21/2014	Date of Injury:	12/19/1997
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 67 years old female with an injury date on 12/19/1997. Based on the 02/25/2014 progress report provided by [REDACTED] the diagnoses are: 1. Internal derangement of the knee bilaterally. 2. The patient has element of at times with sleep, depression, and stress. 3. Ankle sprain/strain as a result of compensation from knee injury with antalgic gait as well as weight gain as results of limited activity because of injuries for which we are requesting clarification for coverage. According to this report, the patient complains of persistent knee pain with a recent flare-up a few weeks ago. There was tenderness along both knees at the medial and lateral joint lines as well as inner and outer patella. The knee extension is 170 degrees and flexion 90 degrees at the best. On 01/22/2014 report indicates the patient has had injections in the past which gave her seven months worth of relief. The type of injections was not provided in this report. Reports dated from 02/25/2014 to 04/02/2014 states "The patient is trying to avoid injections and surgery." [REDACTED] requesting: 1. TENS pads #12. Hyalgan injections, left knees #53. Hyalgan injections, right knees #5. There were no other significant findings noted on this report. The utilization review denied the request on 03/27/2014. [REDACTED] is the requesting provider, and provided treatment reports from 12/04/2013 to 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS pads Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)(p121) Page(s): 121.

Decision rationale: According to the 02/25/2014 report by [REDACTED] this patient presents with persistent knee pain with a recent flare-up. The provider is requesting TENs pads #1. The UR denial letter states there no documentation that this patient was authorized to receive a TENS unit. The MTUS guidelines require physician monitoring of the treatments rendered. In this case, there were no monitoring of the TENs unit use. There are no reports of the patient's benefit or functional improvement in any of the reports reviewed. The requested TENs unit pads #1 does not meet the guidelines requirement. Recommendation is for not medically necessary.

Hyalgan injections, left knee Quantity: 5: 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 & Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the 02/25/2014 report by [REDACTED] this patient presents with persistent knee pain with a recent flare-up. The provider is requesting Hyalgan injections, left knees #5. The UR denial letter states, several of the criteria (of the Work Loss Data Institute; ODG Guidelines) to warrant these injections have still not been satisfied. The MTUS and ACOEM do not discuss Synvisc injections, but ODG guidelines provide a thorough review. The ODG guidelines recommend Synvisc injections for severe arthritis of the knee that have not responded to other treatments. This patient does not present with severe arthritis of the knee nor had diagnosis of osteoarthritis of the knee. The provider does not mention any arthritic changes in the patient's knees. The use of Synvisc injections is not in accordance with ODG guidelines. Recommendation is for not medically necessary.

Hyalgan injections, right knee Quantity: 5: 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 & Leg Chapter, Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the 02/25/2014 report by [REDACTED] this patient presents with persistent knee pain with a recent flare-up. The treater is requesting Hyalgan injections, right knees #5. The UR denial letter states "Several of the criteria (of the Work Loss Data Institute; ODG Guidelines) to warrant these injections have still not been satisfied." The MTUS and ACOEM do not discuss Synvisc injections, but ODG guidelines provide a thorough review. The ODG guidelines recommend Synvisc injections for "severe arthritis" of the knee that have not responded to other treatments. This patient does not present with "severe arthritis" of the knee nor had diagnosis of osteoarthritis of the knee. The treater does not mention any arthritic

changes in the patient's knees. The use of Synvisc injections is not in accordance with ODG guidelines. Recommendation is for denial.