

<b>Case Number:</b>	CM14-0082251		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/09/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 patient is a 52-year-old female who has submitted a claim for lumbar spine degenerative disc disease, SI joint dysfunction , right sided, Iliotibial band syndrome, right sided, great trochanteric bursitis, right sided, and right total knee arthroplasty with decreased motion associated with an industrial injury date of 03/09/2008. Medical records from 12/30/2013 to 05/20/2014 were reviewed and showed that patient complained of anterolateral right knee pain graded 7/10 and low back pain graded 8/10 radiating down the right lower extremity with associated numbness of the right thigh and leg. A physical examination revealed tenderness over right knee anterolateral joint line and left knee medial and lateral joint lines, limited lumbar ROM with extension, positive SLR test at 80 degrees bilaterally, DTRs of bilateral knees ankles were 0, intact MMT, and decreased sensation over right knee, lateral leg, dorsum of foot, great toe and first web space. MRI of the lumbar spine dated 10/15/2013 revealed degenerative scoliosis, spondylosis, facet arthrosis, foraminal narrowing on the left at L2-3, and foraminal narrowing on the right at L3-4 and L5-S1. An x-ray of the left knee dated 09/13/2013 revealed moderate osteoarthritis. The treatment to date has included right total knee arthroplasty (07/10/2012), arthroscopic debridement right medial meniscus tear and severe reactive synovitis with chondroplasty for large full thickness cartilaginous defect of distal femoral groove and weight bearing surface of medial femoral condyle (12/02/2009), arthroscopic debridement and partial anterolateral meniscectomy, right knee (07/16/2010), physical therapy, H-wave, and pain medications. The Utilization Review dated 05/28/2014 denied the request for consultation for bilateral knees and lumbar spine because the patient should undergo recently certified therapies and bone scan. Utilization review dated 05/28/2014 denied the request for left knee MRI because there was no clear indication that the patient has undergone an adequate course of conservative management for the left knee. Utilization review dated 05/28/2014 denied the request for Supartz

injections to the left knee X 5 because there was no evidence of failure to conservative care, including cortisone injections.

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

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

**Consultation with Orthopedic Surgeon for bilateral knees and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

**Decision rationale:** As stated on pages 305-306 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, spine surgeon referral is recommended with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment. As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient complained of anterolateral right knee pain and low back pain radiating down the right lower extremity. Physical examination findings include tenderness over right knee anterolateral joint line and left knee medial and lateral joint lines, positive SLR test at 80 degrees bilaterally, hyporeflexia of bilateral knees and ankles, intact MMT, and hypesthesia right knee, lateral leg, dorsum of foot, great toe and first web space. The patient's clinical manifestations were not consistent with a focal neurologic deficit. MRI of the lumbar spine dated 10/15/2013 did not document specific neurologic compromise or impingement. There was no documentation of functional outcome with physical therapy and H-wave stimulation use. A diagnosis of psychological disorder was not documented as well. Given that there was no objective evidence of radiculopathy, no documentation of psychosocial factors, and no failure of conservative treatment, the request for orthopedic consultation could not be supported. The medical necessity cannot be established due to insufficient information. Therefore, the request for consultation with Orthopedic Surgeon for bilateral knees and lumbar spine is not medically necessary.

**MRI Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): : 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter: MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI.

**Decision rationale:** As stated on the Knee Chapter of the ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, there were no documented episodes of locking, popping, or giving way. Bilateral knee evaluation did not document knee instability as well. There was no discussion of a recent or significant trauma or suspected knee dislocation to support knee MRI study. There is no clear indication for knee MRI based on available medical records. Therefore, the request for MRI left knee is not medically necessary.

**Supartz Injections to the left knee times 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 (ODG) : Knee Chapter: Hyaluronic acid injections.

**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:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for hyaluronic acid injections include patients with significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies after at least 3 months; failure to adequately respond to aspiration and injection of intra-articular steroid. In this case, the patient complained of right anterolateral knee pain. There was no documentation of conservative treatment failure or previous corticosteroid injection which is part of the guidelines criteria for hyaluronic acid injections. There is no clear indication for hyaluronic acid injection at this time. Therefore, the request for Supartz Injections to the left knee times 5 is not medically necessary.