

<b>Case Number:</b>	CM13-0056215		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 54 year old female, who sustained an industrial injury, February 6, 2009. The injured worker was undergoing treatment for cervical spine strain, lumbar spine 5-6mm disc protrusions at L1-S1, right forearm flexor tendinitis, bilateral knees osteoarthritis, left ankle, rule-out incomplete fractures, anxiety, sleep disorder and depression. According to progress note of August 20, 2013, the injured worker's chief complaint was moderate to severe neck pain with radiating pain down the left upper arm, moderate low back pain and moderate to severe pain in the left knee and left ankle. The injured worker had had no improvement of symptoms and activities of daily living continued to be affected. The left knee pain was described as sharp, stabbing, deep pain, in the medial and lateral aspects of the left knee as well as the front aspect. The objective findings were cervical spine tenderness with palpation with evidence of muscle spasms and decreased range of motion. The examination of the lumbar spine noted tenderness with palpation, muscle spasms and decreased range of motion. The Kemp's test was positive. The straight leg raising tests were positive at 55 degrees. The left knee palpation noted tenderness and decreased range of motion. McMurray's test was positive. The left ankle revealed palpation of tenderness as well as decreased range of motion. Inversion and eversion were positive. The injured worker previously received the following treatments Motrin, Vicodin, home therapy, Soma, physical therapy, left knee MRI and April 13, 2009. The RFA (request for authorization) dated the following treatments were requested for a cervical spine MRI, lumbar spine MRI, CT scan of the left ankle, Synvisc injections to the bilateral knees and bilateral knee arthroplasties. The UR (utilization review board) denied certification on November 11, 2013; for a cervical spine MRI, lumbar spine MRI, CT scan of the left ankle, Synvisc injections to the bilateral knees and bilateral knee arthroplasties.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral total knee arthroplasties:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Knee Chapter, Knee Joint Replacement, Indications for Surgery- Knee Arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty: Criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition, the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. In this case, there is no clear radiographic evidence of significant chondral clear space loss in 2 of 3 compartments on standing radiographs. The request is not medically necessary.

### **MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pgs 177-178 recommends MRI of the thoracic spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case, the cited records do not demonstrate any of these conditions that would warrant an MRI of the thoracic spine. Therefore, the request is not medically necessary.

### **MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam notes submitted for review. Based on this, the request is not medically necessary.

**MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary or appropriate.

**CT scan of the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** CA MTUS/ACOEM chapter 14, ankle and foot complaints, page 373 recommends ankle or foot x-ray be done for trauma or presence of red flag symptoms. In this case a recent foot x-ray has been done. There is no information provided with red flag symptoms to warrant additional imaging of the ankle. The request is not medically necessary.

**Synvisc injections to the bilateral 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 & Leg 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 Other Medical Treatment Guidelines Brown, Greg A. "AAOS clinical practice guideline: treatment of osteoarthritis of the knee: evidence-based guideline." *Journal of the American Academy of Orthopaedic Surgeons* 21.9 (2013): 577-579.

**Decision rationale:** CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative non-pharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. More recent evidenced based guidelines do not recommend for the use of viscosupplement injections. As the request is for a procedure no longer recommended, it is not medically necessary.