

Case Number:	CM14-0184050		
Date Assigned:	03/13/2015	Date of Injury:	04/25/2008
Decision Date:	04/25/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain and chronic pain syndrome reportedly associated with an industrial injury of April 20, 2008. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for stem cell visco-supplementation therapy for the knee, an orthopedic evaluation for the knee, and a weight loss program for the knee. The applicant's attorney subsequently appealed. On December 13, 2014, the applicant reported persistent complaints of knee pain, with difficulty standing, walking, lifting, and negotiating stairs. The applicant reported difficulty walking, golfing, hunting, and fishing. The applicant was no longer working. The applicant was reportedly too young for a knee replacement. The applicant had reportedly failed acupuncture, aquatic therapy, a knee brace, manipulative therapy, and a TENS unit. The applicant had undergone multiple failed knee surgeries and corticosteroid injection therapy. The applicant was asked to employ topical Pennsaid, a cane, Mobic, and try and lose weight. The applicant's weight was not detailed; nevertheless, the attending provider suggested that the applicant try and lose weight. In an earlier note dated August 20, 2014, the applicant's BMI was 38. 7/10 knee pain was appreciated. Work restrictions, a weight loss program, and topical Pennsaid were suggested. On June 11, 2014, the applicant was asked to continue using a knee brace, continue permanent work restrictions, employ Mobic for pain relief, and employ Nucynta for severe pain. The applicant was also using topical Pennsaid. Large portions of the progress note were difficult to follow as they mingled historical issues with current issues. On February 3, 2015, the treating provider suggested that

the applicant consider stem cell viscosupplementation therapy for the knee and the applicant was reportedly too young to consider total knee arthroplasty. The applicant was asked to continue topical Pennsaid and Mobic in the interim. The request for the weight loss program was reiterated. The applicant was described as "disabled," it was incidentally noted. The attending provider suggested that the applicant consult another knee surgeon who was better versed in stem cell injections than the applicant's previous knee surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stem Cell Viscosupplementation, Right Knee: 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), Web: Stem Cell Autologous Transplantation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Knee Chapter, Stem Cell Autologous Transplantation.

Decision rationale: The MTUS does not address the topic. However, ODG's Knee Chapter Stem Cell Autologous Transplantation topic notes that stem cell injection therapy is "under study" for applicants with advanced degenerative arthritis, post meniscectomy knee pain, and/or microfracture chondroplasty associated with knee pain. Here, the requesting provider's progress note did not furnish any clear or compelling applicant-specific rationale, which would augment the tepid ODG position on the article at issue. The requesting provider, furthermore, was a physiatrist, not a knee surgeon, and was not, by her own report, the provider who would perform the injection at issue. Therefore, the request for Stem Cell Viscosupplementation, Right Knee is not medically necessary.

Orthopedic Evaluation for Right Hip and Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Consultation, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints that prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off work. The applicant has longstanding, ongoing knee pain complaints, which have proven recalcitrant to time, medications, multiple prior knee surgeries, multiple prior corticosteroid injections, etc. Obtaining the added expertise of an orthopedic knee surgeon who specializes in stem cell

injections is, thus, indicated to help formulate appropriate treatment options at this late stage in the course of the claim. Therefore, the request for an Orthopedic Evaluation for the Right Hip and Knee is medically necessary.

Weight Loss Program (Unspecified Duration): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 11.

Decision rationale: As noted in MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of applicant-specific risk factors such as the weight loss program at issue may be "more difficult, less certain, and possibly less cost effective." Here, the attending provider did not furnish any clear or compelling applicant-specific rationale, which would augment the tepid ACOEM position on the article at issue. The admittedly limited information on file suggested that the applicant was off work, receiving both Workers Compensation indemnity and disability benefits, was engaged in a largely sedentary lifestyle, and was not an individual well-motivated to lose weight, at age 40-41. Therefore, the request for a Weight Loss Program (Unspecified Duration) is not medically necessary.

Pennsaid 2% (Unspecified Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Web, Pain, Pennsaid (diclofenac sodium topical solution).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section, Topical Diclofenac/Voltaren Section Page(s): 7 and 112.

Decision rationale: Topical Pennsaid is a derivative of topical diclofenac/topical Voltaren. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac/Voltaren/Pennsaid is indicated in the treatment of knee arthritis, one of the primary operating diagnoses present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off work, it was suggested on February 3, 2015. The applicant was described as disabled on that date. The applicant was also described as having difficulty performing activities of daily living as basic as walking, golfing, hunting, and fishing on December 13, 2014. Ongoing usage of topical Pennsaid had failed to curtail the applicant's dependence on opiate agents such as Nucynta. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Pennsaid. Therefore, the request for Pennsaid 2% (Unspecified Quantity) is not medically necessary.