MAXIMUS Federal Services

Case Number:	CM15-0167704		
Date Assigned:	09/08/2015	Date of Injury:	12/30/2012
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female who was injured on 12-30-2012. The mechanism of injury was not found in documents presented for review. Diagnoses include discogenic lumbar condition with facet inflammation, internal derangement of the knee on the right status post arthroscopy, internal derangement of the left knee, and sleep disturbance, stress, anxiety, depression and sexual dysfunction secondary to chronic pain. The chronic pain is related to the knee condition, and chronic pain syndrome. Treatment has included diagnostic studies, medications, cortisone injections, status post knee surgery, and therapy. Unofficial x rays of her knees revealed loss of articular surface bilaterally more in the medical joint line in the right knee as well as the left knee less than 2mm. She has not had a MRI done on her left knee. On 03-25-2015, a MRI of the right knee revealed medial compartment arthropathy and evidence of prior arthroscopic debridement of the body and posterior horn of the medial meniscus. There is partial extrusion of the medial meniscal body remnant and there is either residual or recurrent free edge tear of the central posterior horn, which may be degenerative; mucoid degeneration and less likely an intrasubstance tear of the lateral meniscus. There is evidence of prior sprain and-or chronic inflammation of the medial collateral ligament, and moderate joint effusion and prominent superior plica. A MRI of the lumbar spine done on 02-26-2015 showed multilevel disc disease. Current medications include Tramadol ER, naproxen, and Protonix. She is not working. The physician progress note dated 07-24-2015 documents the injured worker complains of chronic low back pain and bilateral knee pain. A cortisone injection of the right knee gave her three days of being pain free. She does have shooting pain down her leg with

numbness and tingling. She has weakness and difficulty standing for prolonged periods of time. She has also developed significant varicose veins that are painful and which she did not have prior to her injury. She has tenderness across the lumbar paraspinal muscles, along the facets and pain with facet loading. There is tenderness along the joint line bilaterally, again more on the medial than lateral joint line. The treatment plan includes continuation of her medications, an unloading brace for her bilateral knees, Synvisc injections for both knees, and a cortisone injection. The requested treatments include Synvisc injection three (3) times for the bilateral knees, Pain management referral, and Magnetic resonance imaging (MRI) without contrast for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in December 2012 and is being treated for low back and bilateral knee pain. X-rays are referenced as showing bilateral osteoarthritis with less than 2 mm of joint space. At the previous visit, three months before, there had been three days of complete pain relief after an intra-articular right knee injection. An MRI of the lumbar spine was reviewed which included findings of multilevel disc disease and left lateralized foraminal narrowing. When seen, she was having lower extremity pain with numbness and tingling and weakness. Physical examination findings included lumbar paraspinal muscle tenderness and positive facet loading. There was bilateral knee joint medial more than lateral joint line tenderness. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant had radicular symptoms and physical examination findings that suggest facet mediated pain. An epidural steroid injection facet blocks or other treatment might be an option in the claimant's care. Requesting a referral to pain management is appropriate and medically necessary.

Magnetic resonance imaging (MRI) without contrast for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in December 2012 and is being treated for low back and bilateral knee pain. X-rays are referenced as showing bilateral osteoarthritis with less than 2 mm of joint space. At the previous visit, three months before, there had been three days of complete pain relief after an intra-articular right knee injection. An MRI of the lumbar spine was reviewed which included findings of multilevel disc disease and left lateralized foraminal narrowing. When seen, she was having lower extremity pain with numbness and tingling and weakness. Physical examination findings included lumbar paraspinal muscle tenderness and positive facet loading. There was bilateral knee joint medial more than lateral joint line tenderness. Applicable indications in this case for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no physical examination findings that would support the need to obtain an MRI. The claimant has osteoarthritis of the left knee as demonstrated by the x-rays obtained when this requested was made. An MRI of the knee is not medically necessary.

Synvisc injection three (3) times for 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 (ODG), Knee and Leg Chapter - Criteria for Hyaluronic acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in December 2012 and is being treated for low back and bilateral knee pain. X-rays are referenced as showing bilateral osteoarthritis with less than 2 mm of joint space. At the previous visit, three months before, there had been three days of complete pain relief after an intra-articular right knee injection. An MRI of the lumbar spine was reviewed which included findings of multilevel disc disease and left lateralized foraminal narrowing. When seen, she was having lower extremity pain with numbness and tingling and weakness. Physical examination findings included lumbar paraspinal muscle tenderness and positive facet loading. There was bilateral knee joint medial more than lateral joint line tenderness. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include a failure to adequately respond to aspiration and injection of intraarticular steroids. In this case, the claimant has findings of osteoarthritis. A series of right knee viscosupplementation injections can be considered medically necessary. However, she has not undergone a left knee corticosteroid injection. This request for a series of bilateral injections was not medically necessary.