

Case Number:	CM15-0184223		
Date Assigned:	09/24/2015	Date of Injury:	01/28/2006
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 injured worker is a 47 year old female, who sustained an industrial injury on 1-28-06. Current diagnoses or physician impression include bilateral knee osteoarthritis and post bilateral knee scope (patella femoral arthroplasty). Her work status is modified duty. A report dated 8-25-15 reveals the injured worker presented with complaints of bilateral knee pain and swelling (right greater than left) and difficulty sleeping. She experiences increased knee pain after sitting for 20 minutes. A physical examination dated 8-25-15 revealed bilateral knee tenderness at "MJL, LJL, patellar, popliteal fossa and distal quads (right greater than left)". Positive right pivot shift and patellar grind, as well as bilateral patellar femoral crepitus is noted. Treatment to date has included medications Norco provides temporary relief, knee brace, ice, Epsom soaks and walking (decreased pain when walking on spongy track). Diagnostic studies to date have included x-rays. A request for authorization dated 9-4-15 for right knee synvisc injections (series of three injections-total 6 ml, 48 mg) is non-certified due to lack of documentation citing efficacy from previous injections such as decreased VAS scores, decreased medication use or increased function, and also aquatic therapy has been certified and should be completed first. The request for a right knee x-rays is non-certified as the medical records indicate a previous x-ray and there is no indication for a repeat at this time, as well as the injured worker will be undergoing conservative treatment and there is no indication of a differential diagnosis for which they would be needed. The request for an interferential unit is non-certified as there is no indication of therapeutic failure of more appropriate conservative treatments, per Utilization Review letter dated 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc injections; series of three injections (total = 6ml, 48mg), 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), 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 Chapter, Hyaluronic Acid Injections Section.

Decision rationale: The MTUS Guidelines do not address the use of Orthovisc or other hyaluronic acid injections. The ODG recommends the use of hyaluronic acid injection as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments for at least three months to potentially delay total knee replacement. The use of hyaluronic acid injections is not recommended for other knee conditions, and the evidence that hyaluronic acid injections is beneficial for osteoarthritis is inconsistent. There is no indication from the medical documentation provided that the criteria in the ODG have been established to warrant this treatment. The injured worker has not failed with conservative treatments and he has an approval for aquatic therapy that has not been completed at this time. The out come of the aquatic therapy should be assessed prior to the use of synvisc injections. The request for synvisc injections; series of three injections (total = 6ml, 48mg), right knee is determined to not be medically necessary.

X-rays of the right knee: 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: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp; 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall. 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results)

because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the injured worker has had previous x-rays of the knees and there is no documented interval change to warrant repeat xrays. The injured worker has not failed with conservative treatments and he has a an approval for aquatic therapy that has not been completed at this time. The outcome of the aquatic therapy should be assessed prior to consideration for repeat x-rays. The request for X-rays of the right knee is determined to not be medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. In this case, the injured worker has used an interferential unit in the past without documented efficacy. The injured worker has not failed with conservative treatments and he has a an approval for aquatic therapy that has not been completed at this time. The outcome of the aquatic therapy should be assessed prior to consideration for other less conservative treatments.