

Case Number:	CM15-0029290		
Date Assigned:	02/23/2015	Date of Injury:	08/29/1996
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/17/2015

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, Washington

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 60-year-old male who reported injury on 08/29/1996. The mechanism of injury was unspecified. His diagnoses include discogenic lumbar condition, discogenic cervical condition, internal derangement of the left knee, status post meniscectomy medially and laterally, internal derangement of the right knee, rotator cuff tear of the left shoulder, rotator cuff tear of the right shoulder and chronic pain. His past treatments include hot and cold therapy, brace, cane, injections, physical therapy, surgery and medications. On 02/23/2015, the injured worker complained of low back and right knee pain. The physical examination revealed mild effusion along the knee with no focal neurologic deficits perceived. The treatment plan included a 10 panel urine drug screen and Hyalgan injection. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Panel urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

Decision rationale: The California MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected noncompliance or to avoid misuse or abuse of opioids. The injured worker was indicated to have been on Naprosyn, Wellbutrin, Topamax and Flexeril. However, there was lack of documentation indicating the injured worker was using or had the presence of illegal drugs upon physical examination. There was also lack of documentation to indicate suspicion of noncompliance, misuse or abuse of his opioid regimen. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Hyalgan injections to the left knee x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, 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, Hyalgan[®] 1/2 (hyaluronate).

Decision rationale: According to the Official Disability Guidelines, Hyalgan injections are recommended as an option for osteoarthritis. The criteria for the injections include: documented symptomatic severe osteoarthritis of the knee; pain that interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; and are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis. The injured worker was indicated to have left knee pain. However, there was lack of documentation to indicate severe osteoarthritis of the knee, pain that interfered with his functional activities or documented neurologic deficits. There was also lack of documentation in regard to a failed response to aspiration and injection of intra-articular steroids and documentation he was ruled out as a total knee replacement candidate or had failed previous knee surgery for arthritis. In the absence of the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.