

Case Number:	CM15-0215001		
Date Assigned:	11/04/2015	Date of Injury:	05/16/2013
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 05-16-2013. A review of the medical records indicates that the worker is undergoing treatment for right knee strain with posterior horn and anterior horn lateral meniscal tear, chondromalacia patella and severe arthritis of the lateral joint, medial joint and patellofemoral joint, left knee pain with severe chondromalacia patella and anterior horn lateral meniscal tear and status post Euflexxa injections of the bilateral knees x 3. Subjective complaints (07-14-2015 and 08-11-2015) included bilateral knee pain rated as 9-10 out of 10. Objective findings showed tenderness at the clavicle, trapezium and scapula, tenderness of the bilateral shoulder, thoracic spine, lumbar spine and hips, antalgic gait on the right and painful internal rotation of the right hip. Subjective complaints (09-08-2015) included bilateral knee pain with radiating pain up to the head, neck, back, lower back, hip, leg, knee, ankle and foot. Objective findings (09-08-2015) included tenderness of the bilateral knees medially with a painful motion, right hip with zero degrees of internal rotation with painful motion and lumbar, upper back, cervical spine and bilateral shoulders and clavicles. Treatment has included Norco, Motrin, Flexeril, Aleve, Euflexxa injections. The physician noted that Euflexxa injections were helpful and that it had been more than six months so a request for bilateral Euflexxa injections for the knees were being submitted. A utilization review dated 10-02-2015 modified a request for office visits x 6 to certification of office visits x 3. Of note, the same utilization review certified the request for Euflexxa injections x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92 knee chapter and pg 36.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. According to the guidelines: Criteria for Hyaluronic acid injections: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³); Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; Failure to adequately respond to aspiration and injection of intra-articular steroids; Generally performed without fluoroscopic or ultrasound guidance; Are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence. In this case, the claimant does have medial joint pain and history of arthritis with 3 injections over 6 months ago. Current pain scores are not needed. The justification for 6 rather than 3 similar to the prior injections was not justified. The request for 6 visits, intervals and specificity is not medically necessary.