

Case Number:	CM15-0035652		
Date Assigned:	03/04/2015	Date of Injury:	05/11/2007
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 72-year-old male with an industrial injury dated 05/11/2007 which resulted in injury to both knees. Diagnoses includes osteoarthritis of bilateral knees. Diagnostic testing has included x-rays of the knees (01/14/2015) showing bilateral degenerative arthritis, and MRI of left knee (04/23/2014) showing sever degenerative osteoarthritis and large lateral meniscus tear. Previous treatments have included conservative measures, and medications. A progress note dated 01/14/2015, reports that the injured worker was doing poorly and requested to try Hyalgan injections to avoid surgery (previously approved). The objective examination revealed locking and catching of the knees. The treating physician is requesting toxicology (urine drug screen), and Hyalgan injections (series of 5) with intra articular ultrasound guidance (left knee and right knee) quantity: 10 (1 time weekly for 5 weeks) which were denied and modified by the utilization review. On 01/29/2015, Utilization Review non-certified a request for toxicology (urine drug screen), noting MTUS and ODG guidelines were cited. On 01/29/2015, Utilization Review modified a request for Hyalgan injections (series of 5) with intra articular ultrasound guidance (left knee and right knee) quantity: 10 (1 time weekly for 5 weeks to the approval of Hyalgan injections (series of 5 = 1 time weekly for 5 weeks) and denial of intra articular ultrasound guidance (left knee and right knee) quantity: 10, noting non-MTUS guidelines were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of toxicology (urine drug screen), and intra articular ultrasound guidance (left knee and right knee) quantity: 10 (1 time weekly for 5 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology, urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, differentiation, dependence & addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, toxicology/urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are severe degenerative osteoarthritis (per MRI) in the medial compartment with near complete articular cartilage absence, bone marrow edema involving the articular surface of the distal femur and proximal tibia, large marginal osteophytes, and near complete subluxation of the medial meniscus outside the joint space, demonstrating extensive intra-substance degenerative tear. The documentation from a November 2014 progress note shows the treating physician ordered a urine drug toxicology screen to check the efficacy of the opiates prescribed. The opiates prescribed were Hydrocodone and Cyclobenzaprine. Urine drug toxicology screens do not check opiate drug efficacy. Urine drug screens help monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. There is no aberrant drug-related behavior or drug misuse or abuse in the medical record. The medical record contains 49 pages. Progress note dated January 2015 does not contain a clinical entry or clinical indication for clinical rationale for urine drug toxicology screen. Consequently, absent clinical documentation with a clinical indication or rationale for urine drug toxicology screen, toxicology/urine drug screen was not medically necessary.

Hyalgan Injections (series of 5), Intra articular: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Hyalgen injection series of five intra-articular are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or Tylenol to potentially delay the replacement. The criteria for hyaluronic acid injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to conservative pharmacologic and nonpharmacologic herpes; documented objective (and symptomatic) severe osteoarthritis of the knee that may include bony enlargement, bony tenderness over the age of 50; pain interferes with functional activities; failure to adequately respond to aspiration and injection of intra-articular steroids; generally performed without fluoroscopy ultrasound; are not candidates for total knee replacement or failed previous knee surgery from arthritis repeat series of injections-if documented significant improvement for six months or more it may be reasonable to perform another series. Hyaluronic acid is not recommended for other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis desiccans, patellofemoral arthritis, patellofemoral syndrome, etc. In this case, the injured workers working diagnoses are severe degenerative osteoarthritis (per MRI) in the medial compartment with near complete articular cartilage absence, bone marrow edema involving the articular surface of the distal femur and proximal tibia, large marginal osteophytes, and near complete subluxation of the medial meniscus outside the joint space, demonstrating extensive intra-substance degenerative tear. The medical record contains 49 pages. The physical examination from January 14, 2014 states the injured worker is well developed, well nourished in marked distress. He has locking and catching of his knees. There are no other objective findings referable to the knees. There is no documentation indicating a failure to adequately respond to aspiration and injection of intra-articular steroids. The injured worker is not interested in undergoing surgery and it is unclear if the injured worker is a candidate for total knee replacement. However, the injured worker appears to have great difficulty with bilateral knee pain with severe osteoarthritis and a series of hyaluronic acid injections are appropriate. Consequently, Hyalgen injection series of five intra-articular are medically necessary.

Ultrasound guidance, Left knee, Right knee, (Qty 10) 1 time weekly for 5 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Ultrasound guidance.

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guidance to the left and right knee #10 quantity one time per week times five weeks is not medically necessary. In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary but may be considered in the following cases: when the provider was unable to ask for a fluid; the size of the patient's needs such as morbid obesity inhibits the ability to inject the knee without ultrasound guidance; and draining popliteal (Baker's cyst). In this case, the injured worker's working diagnoses are

severe degenerative osteoarthritis (per MRI) in the medial compartment with near complete articular cartilage absence, bone marrow edema involving the articular surface of the distal femur and proximal tibia, large marginal osteophytes, and near complete subluxation of the medial meniscus outside the joint space, demonstrating extensive intra-substance degenerative tear. The medical record contains 49 pages. Conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary. The injured worker does not portray any of the exceptions (see above) to ultrasound guidance. Consequently, absent clinical documentation with documented exceptions to ultrasound guidance of the knees, ultrasound guidance to the left and right knee #10 quantity one time per week times five weeks is not medically necessary.