

Case Number:	CM15-0053595		
Date Assigned:	03/27/2015	Date of Injury:	08/11/2009
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 45 year old female, who sustained an industrial injury on 08/11/2009. She has reported subsequent knee and low back pain and was diagnosed with lateral meniscus tear of the left knee, left knee osteoarthopathy, right knee pain and facet osteoarthopathy of L4-L5 and L5-S1. Treatment to date has included oral pain medication, physical therapy, a home exercise program and activity modification. In a progress note dated 02/06/2015, the injured worker complained of right knee and lower back pain that was rated as 6-8/10. Objective findings were notable for tenderness of the left and right knee and crepitation with range of motion. Requests for authorization of lumbar epidural steroid injection, viscosupplementation and Hydrocodone were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Viscosupplementation Injection times three for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, and "Efficacy of Intraarticular Hyaluronic Acid Injections in Knee Osteoarthritis," Evanich, J. David, et. al., Clinical Orthopaedics & Related Research. (390):173-181, September 2001.

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 request is not medically necessary. ODG guidelines were used as MTUS does not address this request. Orthovisc may be beneficial for severe osteoarthritis for patients who have not responded to conservative treatment. It is not a cure, but provides comfort and functional improvement to temporarily avoid knee replacement. He has not failed conservative therapy. The patient did not have an intra-articular steroid injection. There was not enough documentation to support the diagnosis of severe symptomatic osteoarthritis of the knee according to the guidelines. Therefore, viscosupplementation is not medically necessary at this time.

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection at L5-S1 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that show a radiculopathy at L5, S1 demonstrating deficits in motor strength, sensation, or reflexes to corroborate the MRI findings. The findings are nonspecific and do not specify a certain dermatome. The patient has been treated with conservative measures but there is no documentation that shows a failure to improve after these treatment modalities. Therefore, the request is not medically necessary.

Hydrocodone 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There were no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goals of care. Because of these reasons, the request is not medically necessary.