MAXIMUS Federal Services

Case Number:	CM15-0055688		
Date Assigned:	03/30/2015	Date of Injury:	04/04/2012
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 66-year-old female who reported an injury on 04/04/2012, with an unknown mechanism of injury. Current diagnoses include internal derangement of the knee on the right and left status post right knee arthroscopy partial medial and lateral meniscectomy and chondroplasty on 08/23/2012 with persistent symptomatology, internal derangement of the knee on the left with arthroscopy microfracture techniques on 08/12/2013 with persistent symptomatology on the knee. Current medications were not submitted for review. The clinical note dating 02/26/2015 indicates the injured worker was seen with chronic pain in both knees. The injured worker complains of having difficulty performing activities of daily living due to pain. Physical examination of the bilateral knees revealed tenderness along the inner joint line with no instability to varus and valgus testing. Orthopedic testing revealed anterior drawer and Mcmurray's testing are positive bilaterally. There was noted to be inflammation along the bursa on the left where she fell in December. A standing x-ray of the left knee was completed and showed a 1 mm articular surface on the left. The clinical records indicate the injured worker is to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five (5) Hyalgan injections to the left 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, Criteria for Hyalgan 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, Hyaluronic Acid injections.

Decision rationale: The Official Disability Guidelines state that Hyalgan injections are used as possible treatment for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments, to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria include patients experiencing significantly symptomatic osteoarthritis, but have not responded adequately to recommended conservative nonpharmacological and pharmacological treatments or are intolerant of these therapies, after at least 3 months. The patient must have documented symptomatic osteoarthritis of the knee. The patient's pain must interfere with functional activities, and there must be a failure to adequately respond to aspiration injection of intra-articular steroids. The clinical documentation submitted for review indicates that the injured worker previously completed a series of viscosupplementation injections on 02/13/2014 for the bilateral knees. The injured worker continued to have difficulties with activities of daily living, uncontrolled pain levels, with no indication of functional improvement on examination. The Official Disability Guidelines only recommend repeat injections if there is documented significant improvement in symptoms for 6 months or more. Given that there was no documentation of functional improvement from the previous injections to the left knee, this request is not medically necessary.

Unknown Defiance brace molder plastic, lower knee addition and upper knee addition: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Braces and Supports.

Decision rationale: Regarding knee braces, ACOEM Guidelines indicate that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. More specifically, the Official Disability Guidelines indicate that braces are recommended for patients with knee instability, ligament insufficiency/deficiency, reconstructed ligaments, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The clinical documentation submitted for review indicates that the injured worker does not meet the guideline criteria for the medical necessity of

a knee brace at this time. In addition, the clinical documentation showed no indication of severe instability, skin changes, or severe osteoarthritis on physical examination. Given the above, this request is not medically necessary.

Unknown hinged knee orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Braces and Support.

Decision rationale: Regarding knee braces, ACOEM Guidelines indicate that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. More specifically, the Official Disability Guidelines indicate that braces are recommended for patients with knee instability, ligament insufficiency/deficiency, reconstructed ligaments, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The clinical documentation submitted for review indicates that the injured worker does not meet the guideline criteria for the medical necessity of a knee brace at this time. In addition, the clinical documentation showed no indication of severe instability, skin changes, or severe osteoarthritis on physical examination. Given the above, this request is not medically necessary.

Prescription of Voltaren gel 1% x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Voltaren Gel.

Decision rationale: The California MTUS Guidelines recommend Voltaren gel to be indicated for relief of osteoarthritis pain in joints. Topical nonsteroidal anti-inflammatory agents are recommended for short term use of 4 to 12 weeks. The Official Disability Guidelines do not recommend Voltaren gel as a first line treatment, and it is only recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dose forms. The clinical documentation shows no indication of the failure of oral NSAIDs, or contraindications to oral NSAIDs, or that the injured worker cannot swallow solid oral dose forms. Given the above, this request is not medically necessary.