

Case Number:	CM15-0057774		
Date Assigned:	04/02/2015	Date of Injury:	01/24/2007
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 1/24/07. He reports feeling a pop in the knee while working as a machine operator. The diagnoses have included left knee osteoarthritis and left knee chondromalacia patella. Treatment to date has included medications, surgery, orthovisc injection with 60-70 percent improvement for 3 months, 24 acupuncture sessions, 24 chiropractic sessions, 24 physical therapy sessions and cortisone injections. Surgery has included 2 knee surgeries without benefit. The Magnetic Resonance Imaging (MRI) left knee was done on 8/23/12. The x-rays of the left knee were done on 4/9/13. The current medications included Norco, Naproxen and Gabapentin. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of left knee pain since date of injury 1/24/07. He previously underwent a series of 3 orthovisc injections completed 9/8/14 with 60-70 percent relief for about 3 months. The injured worker has had 1 orthovisc injection to date on 2/10/15 which has helped the pain some and was getting a second one this date. The left knee pain was rated 4/10 on pain scale. He also has low back pain that radiates down the left lower extremity. He notes that he must elevate the leg on a pillow at night to sleep. He also complains of numbness in the left foot toes. The left knee physical exam revealed tenderness to palpation, pain with range of motion, and the joint was stable, patellar grind was positive, and McMurray's test was positive bilaterally. Work status was permanent and stationary. The physician requested treatments included Transcutaneous Electrical Nerve Stimulation (TENS) Unit for purchase and Orthovisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient has a date of injury of 1/24/07 and presents with chronic low back and left knee pain. The patient is status post lumbar surgery in 2012 and 2 left knee surgeries in 2008 and 2009. The current request is for TENS unit for purchase. The Request for Authorization is not provided in the medical file. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. According to progress report dated 1/26/15 the treating physician recommends a "30 day trial of a TENS unit for his knee due to the benefit he has had using a TENS unit in the past with therapy." Report dated 02/17/14 states that prior use of the TENS unit allowed him to walk 15 minutes further and allowed him to get through the day with working. The patient has reported functional improvement with prior use, but recommendation cannot be made for this request, as the patient does not meet the indications as discussed above for the use of a TENS unit. This request is not medically necessary.

Orthovisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter: 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, knee and leg (acute and chronic) chapter, Hyaluronic acid injections.

Decision rationale: This patient has a date of injury of 1/24/07 and presents with chronic low back and left knee pain. The patient is status post lumbar surgery in 2012 and 2 left knee surgeries in 2008 and 2009. The current request is for Orthovisc injection. The Request for Authorization is not provided in the medical file. MTUS Guidelines are silent on Orthovisc injections. ODG guidelines under the knee and leg (acute and chronic) chapter states that hyaluronic acid injections are "recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best." ODG further states "that the study assessing the efficacy of intra articular injections of hyaluronic acid (HA) compared to

placebo in patients with osteoarthritis of the knee found that results were similar and not statistically significant between treatment groups. But HA is somewhat superior to placebo in improving a knee pain and function, with no difference between 3 or 6 consecutive injections." Physician examination of the left knee revealed tenderness to palpation over the lateral greater than medial joint line. There is pain with ROM and positive patellar grind and McMurray's. X-ray from 04/09/13 demonstrated moderate to advanced degenerative joint disease of the left knee with joint narrowing of 1mm. According to progress report dated 2/17/15, the patient "underwent series of three Orthovisc injections completed 9/8/14, with about 60-70% relief for about three months." He started another series of Orthovisc injections on 2/10/15 and presents for his second injection. This request is for the 5th injection. In this case, recommendation cannot be made as ODG states that there is "no difference between 3 or 6 consecutive injections." Furthermore, although the initial series of 3 injections provided functional benefits, there was no discussion of efficacy following the 4th injection. This request is not medically necessary.