

Case Number:	CM15-0059890		
Date Assigned:	04/06/2015	Date of Injury:	10/10/2009
Decision Date:	05/28/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 57 year old female, who sustained an industrial injury on October 10, 2009. The injured worker previously received the following treatments bilateral knee x-rays, right knee MRI, left knee MRI, Percocet, Ketoprofen cream, Celebrex, Ketoprofen, Verapamil, Celexa, Omeprazole, Topamax, Imitrex, random toxicology laboratory studies, Oxycodone, Naproxen and bilateral knee braces. The injured worker was diagnosed with bilateral knee degenerative joint disease, right lateral meniscal tear, left medial meniscal tear and bilateral knee pain. According to progress note of February 11, 2015, the injured workers chief complaint was bilateral knee pain. The injured worker described the pain as aching and throbbing. The pain radiates into the lower back and down into the toes. The injured worker rated the pain from 4-8/10. The pain was aggravated by prolonged walking sitting, standing and bending forward. The injured worker reported feeling a lot of pressure in the front of the knees when going up and down stairs. The injured worker reported a popping sensation in the right thigh. The knees occasionally give out. The physical exam noted pain and crepitus to the bilateral knees with resisted patellar extension. The treatment plan included Synvisc injection series of threes for the right knee, physical therapy for the right knee and referral for knee joint replacement specialist and a follow-up in f weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection, Series of three for Right Knee: Upheld

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

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 Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative therapy. There should be evidence of pain that interferes with functional activity and a failure to respond to aspiration and injection of an intra-articular steroid. In this case, it is noted that the injured worker has attempted conservative treatment in the form of medication, chiropractic therapy, and cortisone injections for the right knee. However, it is also noted that the injured worker has been previously treated with 2 sets of Orthovisc injections for the right knee with only 50% relief for 1 month. The medical necessity for an additional series of injections has not been established in this case. As such, the request is not medically necessary.

Physical Therapy Right Knee (Unspecified Duration and Frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The request as submitted failed to indicate the specific duration, frequency, or quantity of sessions. Therefore, the request is not medically necessary.

Referral to Knee Joint Replacement Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or

agreement to a treatment plan. There is no indication of the severity of osteoarthritis on recent x-ray to support the necessity for a consultation with a knee replacement specialist. As the medical necessity has not been established, the request is not medically appropriate.

Follow Up in 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the injured worker has exhausted an extensive amount of conservative treatment without evidence of an improvement in symptoms. There is no documentation of a change in symptoms or exceptional factors. The medical necessity for an additional follow up visit in 5 weeks has not been established. As such, the request is not medically appropriate.