

Case Number:	CM15-0084605		
Date Assigned:	05/06/2015	Date of Injury:	04/14/2011
Decision Date:	06/09/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Texas, California
 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 58 year old female, who sustained an industrial injury on 4/14/2011. She reported injury from a fall to her knees. The injured worker was diagnosed as status post 4 right knee surgeries and bilateral knee pain. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. The plan of care included a consultation with an orthopedic surgeon for a left knee arthroscopy and a total right knee arthroplasty. The treating physician is requesting an orthopedic evaluation, bilateral knee braces and Synvisc one injections to the bilateral knees. The patient has had right knee arthroscopic surgery on 1/6/14. The patient has had MRI of the right knee on 1/31/13 that revealed meniscus tear. The patient had received right knee steroid injection for this injury. Per the doctor's note dated 4/2/15 patient had complaints of bilateral knee pain at 10/10. Physical examination of the knee revealed full ROM, tenderness on palpation, positive McMurray's test on left, no effusion, no crepitus, normal strength and negative drawer sign. The medication list includes Estradiol, hydrochlorthiazide, Norco, nucynta and potassium and Nortryptiline. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 127, Official Disability Guidelines -TWC (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Orthopedic evaluation for the left knee. MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations; per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured worker was diagnosed as status post 4 right knee surgeries and bilateral knee pain. The patient has had right knee arthroscopic surgery on 1/6/14. The patient has had MRI of the right knee on 1/31/13 that revealed meniscus tear. The patient had received right knee steroid injection for this injury. Per the doctor's note dated 4/2/15 patient had complaints of bilateral knee pain at 10/10. Physical examination of the knee revealed tenderness on palpation, positive McMurray's test on left. Patient has had conservative treatment with oral medication and still has significant objective findings and abnormal MRI results. Therefore this is a complex case and the management of this case would be benefited by Orthopedic evaluation for the left knee. The request for Orthopedic evaluation for the left knee is medically necessary and appropriate for this patient.

Bilateral knee braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, page 340 Official Disability Guidelines Knee chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Activity alteration Page 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 05/05/15) Knee brace.

Decision rationale: Bilateral knee braces; per the ACOEM guidelines cited below: "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. For the average patient, using a brace is usually unnecessary." In addition per the ODG Guidelines knee brace is recommended for, "1. Knee instability, 2. Ligament insufficiency/deficiency, 3. Reconstructed ligament, 4. Articular defect repair, 5. Avascular necrosis, 6. Meniscal cartilage repair, 7. Painful failed total knee arthroplasty, 8. Painful high tibial osteotomy, 9. Painful unicompartmental osteoarthritis, and 10. Tibial plateau fracture." Any evidence of recent surgery in both knees was not specified in the records provided. The radiology reports of recent imaging studies of the knees are not specified in the records provided. The presence of these indications for BOTH knees in this patient was not specified in the records provided. Any evidence of the need for stressing the knee under load such as climbing ladders or carrying boxes was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for BILATERAL knee braces is not fully established for this

patient.

Synvisc one injections bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee chapter.

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 (updated 05/05/15) Hyaluronic acid injections.

Decision rationale: Synvisc one injections bilateral knees. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain guidelines and American College of Occupational and Environmental Medicine(ACOEM), Occupational Medicine Practice Guidelines, 2nd Edition, does not address this request. Therefore, ODG guidelines are used. Per the ODG Guidelines, Hyaluronic acid or Hylan injection (Synvisc injection) are recommended in patients who, "Experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); Are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as arthroscopic debridement; Younger patients wanting to delay total knee replacement." Any evidence that the patient is significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The records provided did not specify response to standard non-pharmacologic and pharmacologic treatments. Any evidence of intolerance to standard non pharmacologic and pharmacologic treatments (e.g., gastrointestinal problems related to anti-inflammatory medications) was not specified in the records provided. The medical necessity of the request for Synvisc one injections bilateral knees is not fully established in this patient.