

<b>Case Number:</b>	CM14-0111814		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male who has submitted a claim for right knee medial meniscus tear, right ankle vascular necrosis, left knee internal derangement, depression, anxiety, insomnia, and left hip sprain/strain associated with an industrial injury date of 10/2/2012. Medical records from the 2013 to 2014 were reviewed. Patient complained of bilateral knee pain, left worse than right, aggravated by weight-bearing and ambulation. Impression was avascular necrosis and a partial collapse of the talar dome. Patient likewise complained of left hip pain, rated 5/10 in severity. Physical examination showed antalgic gait favoring the right lower extremity. Tenderness was noted at the right ankle, particularly at the medial and lateral joint lines. Crepitus was present at the right knee. Both McMurray's and Apley's compression test were positive at the right. Range of motion of the right knee was measured from zero to 125 degrees with notable atrophy of the quadriceps and hamstrings, as well as weakness graded 3+/5. MRI of the right knee, dated 9/23/2012, revealed medial meniscus tear. MRI of the right ankle, dated October 2012, revealed avascular necrosis of the talus with partial collapse of the talar dome. Treatment to date has included cortisone injection to the right knee providing 3 weeks of symptom relief, corticosteroid injection into the left hip on 6/30/2014, and medications such as Norco, Anaprox, and Prilosec. Utilization review from 6/18/2014 denied the request for X-Ray Left Hip and left knee because there was no documentation of examination findings to support this study; denied MRI of the left knee because of absence of red flags and evidence of dysfunction; denied Right Knee Synvisc Injection because there was no evidence of severe osteoarthritis or failure of conservative treatment; denied LidoPro because of lack of published studies concerning its efficacy and safety; denied Intra-Corticosteroid Injection Left Greater Trochanteric Region because there was no documentation of physical examination and comprehensive medical history to support this procedure.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-Ray Left Hip:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Section, X-ray.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that X-Rays of the pelvis should routinely be obtained in patients sustaining a severe injury, or hip osteoarthritis. There are limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. In this case, patient complained of left hip pain, rated 5/10 in severity; hence, this request for x-ray. However, the records did not show recent severe injury to the hip. Furthermore, the patient was not identified as being high risk for hip osteoarthritis. There were no objective findings pertaining to the left hip that may warrant further investigation by utilizing x-ray. There is no clear indication for hip radiograph at this time. Therefore, the request for x-ray of the left hip is not medically necessary.

### **X-Ray Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** According to pages 341-343 of the CA MTUS ACOEM Knee Complaints chapter, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case, patient complained of bilateral knee pain, left worse than right, aggravated upon weight-bearing and ambulation. However, the medical records failed to provide evidence of objective findings pertaining to the left knee to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for Plain X -Ray of Left Knee is not medically necessary.

### **MRI Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Knee and Leg Section, MRI.

**Decision rationale:** As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient complained of bilateral knee pain, left worse than right, aggravated upon weight-bearing and ambulation. However, the medical records failed to provide evidence of objective findings pertaining to the left knee to warrant this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of Left Knee is not medically necessary.

**Right Knee Synvisc 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 Knee Viscosupplementation.

**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 Chapter, Hyaluronic acid injections.

**Decision rationale:** CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that viscosupplementation injections are recommended in patients with significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; or is not a candidate for total knee replacement or has failed previous knee surgery for arthritis; and failure of conservative treatment; and plain x-ray or arthroscopy findings of osteoarthritis. Furthermore, repeat series of injections may be reasonable if there is relief for 6-9 months. In this case, patient complained of bilateral knee pain, left worse than right, aggravated upon weight-bearing and ambulation. Both McMurray's and Apley's compression test were positive at the right. Range of motion of the right knee was measured from zero to 125 degrees with notable atrophy of the quadriceps and hamstrings, as well as weakness graded 3+/5. MRI of the right knee, dated 9/23/2012, revealed medial meniscus tear. However, the medical records submitted and reviewed failed to provide evidence concerning failure of conservative management or that patient was suffering from significant osteoarthritis. Therefore, the request for Right Knee Synvisc Injection is not medically necessary.

**LidoPro:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** LidoPro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and capsaicin in 0.0325% formulation is likewise not recommended. Therefore, the request for LidoPro is not medically necessary.

**Intra-Corticosteroid Injection Left Greater Trochanteric Region: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Routine Injections page 339 and Table 13-6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Intra-articular steroid hip injection (IASHI).

**Decision rationale:** CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG states that intra-articular steroid hip injection (IASHI) is not recommended in early hip osteoarthritis (OA). It is under study for moderately advanced or severe hip OA. IASHI is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. IASHI should be used in conjunction with fluoroscopic guidance since the hip joint is one of the most difficult joints in the body to inject accurately and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. In this case, patient complained of left hip pain, rated 5/10 in severity. However, there were no objective findings pertaining to the left hip that may warrant this type of treatment. Furthermore, there was no diagnosis of moderately advanced OA or trochanteric bursitis, which are the only supported pathologies for IASHI per ODG guidelines. There is no clear indication for IASHI at this time. Therefore, the request for Intra-Corticosteroid Injection Left Greater Trochanteric Region is not medically necessary.