MAXIMUS Federal Services

Case Number:	CM14-0136783		
Date Assigned:	09/22/2014	Date of Injury:	01/16/2004
Decision Date:	10/21/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with an injury date of 01/16/14. Based on the 08/08/14 progress report provided, the patient complains of moderate left knee pain with crepitation. Physical examination to the left knee reveals positive McMurray's sign, patellar-femoral grind and patellar ballotment. Patient is more active at work with increased symptoms, which include pain with stairs, locking, popping, giving away of knee, joint stiffness, intermittent swelling and warmth. He had good results with Synvisc injections 08/02/13 with relief for over 6 months. Medications include Tramadol and Naproxen which help. Diagnosis 08/08/14:- osteoarthritis of knee- medial meniscus tear- status post left knee arthroscopy 11/18/04, 11/10/05 and 10/07/07- tibial plateau fractureThe utilization review determination being challenged is dated 08/16/14. The rationale follows: 1) 3 Synvisc injections: "no documentation of failure of conservative treatment..."2) Tramadol 50mg #60: "certified with modification for weaning."

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Synvisc injections: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC guidelines, Knee chapter for Hyaluronic acid injections (http://www.odg-twc.com/odgtwc/knee.htm#Hyaluronicacidinjections) Hyaluronic acid injections

Decision rationale: Patient has moderate left knee pain with crepitation, osteoarthritis of knee and medial meniscus tear. The request is for 3 Synvisc injections. He is status post multiple left knee arthroscopies. Patient is more active at work with increased symptoms, which include pain with stairs, locking, popping, giving away of knee, joint stiffness, intermittent swelling and warmth. ODG guidelines on Synvisc for knee:" Repeat series of injections: This systematic review on the efficacy and safety of repeat courses of hyaluronan therapy in patients with osteoarthritis (OA) of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. Repeat series of injections if documented significant improvement in symptoms for 6 months or more and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence." Per progress report dated 08/08/14, treater documented that patient had good results with Synvisc injections 08/02/13 with relief for over 6 months. The patient appears to have significant osteoarthritis of the knee for which Synvic injections are indicated. The patient is working as well. The request is medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89.

Decision rationale: Patient has moderate left knee pain with crepitation, osteoarthritis of knee and medial meniscus tear. The request is for Tramadol 50mg #60. He is status post multiple left knee arthroscopies. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, (activities of daily livng) ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, per progress report dated 08/08/14, while the treater provides a general statement that medications help and patient is more active at work, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary and appropriate.