MAXIMUS Federal Services

Case Number:	CM14-0160821		
Date Assigned:	10/06/2014	Date of Injury:	03/19/2003
Decision Date:	12/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This is a 63-year-old male whose date of injury is 6/7/1991. A progress report dated 3/18/2014 states the patient is complaining of neck pain, low back pain, bilateral shoulder pain and bilateral knee pain. The patient has had bilateral arthroscopic surgery with meniscectomies of both knees. Examination of the knees reveal limitation of flexion to 100. There is medial joint line tenderness bilaterally with positive patellofemoral grinding and quadricep weakness. Mention is made in the medical record of MR scans of both knees. The left knee shows medial and lateral meniscal tears with arthritis and the right knee shows lateral meniscal tear and arthritis. These MRI scans were done prior to the arthroscopic surgery. Progress notes dated 6/3/2014 states range of motion of the knees have improved to 140/130.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injection to bilateral knees 5 injections per knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, hyaluronic acid injections

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines do not specifically mention hyaluronic acid injections. ODG states that these injections are reserved for symptomatic relief of severe osteoarthritis. Symptomatic arthritis may include bony enlargement, bony tenderness, crepitus, less than 30 minutes of morning stiffness, no palpable warmth of the synovium in patients over 50 years of age. The only crepitation that the patient has is patellofemoral crepitation and this is not an indication for hyaluronic acid injections. There is no documentation of bony enlargement or bony tenderness. There is no documentation of the degree of osteoarthritis as demonstrated on previous MR scans. Failure to respond to intra-articular steroid injections as another ODG criteria. There is no documentation whether injections of steroid were used. There is also no documentation of how the knee pain interfere with functional activity and whether decreased activity can be attributed to his other problems. Therefore, for the above reasons, the criteria for hyaluronic acid injections has not been met and the medical necessity for these injections have not been established.

Diclofenac/lidocaine topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The chronic pain guidelines state that NSAIDs in the form of a topical analgesic is recommended for short-term use (4-12 weeks). This patient has been on topical NSAIDs for longer than 12 weeks. Lidocaine is recommended for neuropathic pain after there has been a trial of first line therapy. Lidocaine in a non-dermal patch formulation is generally indicated as a local anesthetic for the skin. Therefore, for the above reasons, the medical necessity for using topical diclofenac/lidocaine has not been established.