MAXIMUS Federal Services

Case Number:	CM14-0183940		
Date Assigned:	11/10/2014	Date of Injury:	03/21/2001
Decision Date:	12/15/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 62 year old female with date of injury 3/21/2001. The mechanism of injury is stated as being hit in the left knee by a bicycle part. The patient has complained of right knee pain since the date of injury. She has been treated with physical therapy, medications, steroid injections and synvisc injections. MRI of the right knee dated 12/5/2008 revealed a tear in the posterior horn and body of the medial meniscus, mild to moderate tricompartmental degenerative joint disease and severe chondromalacia patella. Objective: painful and decreased range of motion of the bilateral knees. Diagnoses: knee arthralgia, knee degenerative joint disease with osteoarthritis. Treatment plan and request: Ultracin lotion, Synvisc injection X 3, Right medial unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultracin lotion: Upheld

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

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

Decision rationale: This 62 year old female has complained of right knee pain since date of injury. She has been treated with physical therapy, medications, steroid injections and synvisc injections. The current request is for Ultracin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ultracin lotion is not indicated as medically necessary.

3 Synvisc injections x2ml=6ml/48mg total for the right 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 Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 339.

Decision rationale: This 62 year old female has complained of right knee pain since date of injury. She has been treated with physical therapy, medications, steroid injections and synvisc injections. The current request is for Synvisc injection x 3 to the right knee. Per the MTUS guideline cited above, Synvisc injections for knee pain are not a recommended pharmaceutical or procedural intervention. On the basis of the MTUS guideline cited above, viscosupplementation to the right knee, series of three, is not indicated as medically necessary in this patient.

1 right medial unloader barce: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: This 62 year old female has complained of right knee pain since date of injury. She has been treated with physical therapy, medications, steroid injections and synvisc injections. The current request is for medial unloader brace right knee. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee osteoarthritis. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A knee brace is therefore not indicated as medically necessary.