

Case Number:	CM14-0026940		
Date Assigned:	06/13/2014	Date of Injury:	05/13/2013
Decision Date:	08/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 injured worker is a 62-year-old female who reported an injury on 05/13/2011 due to heavy physical demands of her job. The symptoms gradually increased and developed into pain in the contralateral left knee. Physical examination on 11/22/2013 revealed the injured worker developed pain in her lower back and left hip due to alteration of her gait. Medications for the injured worker were Norco, promethazine, Prilosec, Zanaflex, and glipizide. The injured worker was seen by an orthopedic surgeon who recommended a right total knee replacement. The injured worker decided not to proceed with the recommended total knee replacement. She was quite concerned about the possibility of severe complications from that procedure. The injured worker declined the surgery due to concerns about her history of infections with methicillin resistant staphylococcus aureus (MRSA), and her history of diabetes. The injured worker had radiographic studies in 2012 of both knees which revealed cartilage interval was at bone on bone on both sides. The injured worker did use a cane to get up and down and to provide stability. The right knee tended to snap painfully and there was a locking sensation and instability. The left knee showed similar signs to the right with instability. The injured worker had a right knee MRI on 06/09/2011 which showed multiple positive findings with severe tricompartmental osteoarthritis, extensive complex degenerative tearing of the medial meniscus, horizontal tearing of the lateral meniscus and anterior horn, and moderate joint effusion. The examination of the knee revealed the Achilles tendon reflexes were absent left and right. Straight leg raising produced complaint of lumbar pain at 45 degrees left and right. Examination of the right knee revealed evidence of osteoarthritis. There was joint effusion and a Baker's cyst. The range of motion of the right knee was limited. The knee lacked 10 degrees of reaching full extension. Flexion could be completed to 120 degrees compared to a normal average of 135 degrees. Medial collateral strength was lax. Lateral collateral strength was good. Drawer testing and

McMurray's testing could not be done because of pain and guarding of the joint. There was tenderness anteriorly and laterally. Exam of the left knee revealed similar findings to the right. Diagnoses for the injured worker were chronic discogenic low back pain with left sciatica, multilevel degenerative disc/facet disease by MR scan, annular disc injuries L3-4 and L4-5 by MR scan, chronic trochanteric bursitis, left hip, due to alteration of pain, advanced degenerative osteoarthritis, right knee, with significant internal derangement by MR scan/medial and lateral meniscus tears, and degenerative osteoarthritis, left knee. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC ONE INJECTION INTO 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 (ODG) Hyaluronic Acid Injections.

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: The injured worker has a diagnosis of osteoarthritis of the knees, and is a candidate for total right knee replacement. The Official Disability Guidelines state hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee. The medical guidelines' recommendations for hyaluronic acid injections are for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months. There should be documentation of symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over 50 years of age. The knee pain experienced should be documented as interfering with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease. It must be documented that the injured worker had failure to adequately respond to aspiration and injections of intra-articular steroids. The patient should not currently be a candidate for total knee replacement or have failed previous knee surgery for arthritis, unless younger patients wanting to delay total knee replacement. For a repeat series of injections, it must be documented that there was significant improvement in symptoms for 6 months or more, or that symptoms recur, then it may be reasonable to do another series. Although the injured worker had reported pain relief from a previous hyaluronic acid injection, she does not meet the criteria set forth by

the medical guidelines. The guidelines state that the candidate must have documented failure to adequately respond to aspiration and injection of intra-articular steroids, and are not currently candidates for total knee replacement. The injured worker does not meet the recommended criteria. Therefore, the request is non-certified.

TOTAL GYM FOR HOME USE (FOR PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46,47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The medical necessity for the purchase of a total gym for home use was not established. The California Medical Treatment Utilization Schedule recommends exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There was no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Physical conditioning in chronic pain patients can have immediate and long term benefits. Although the California MTUS/ACOEM do not address the issue of total gym for home use, the Official Disability Guidelines address exercise equipment under durable medical equipment. Durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The definition of durable medical equipment is equipment that can withstand repeated use, and could normally be rented and used by successive patients. It should be primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. Although most of the criteria for a total gym are met through the guidelines, the 1 criterion which states primarily and customarily used to serve a medical purpose does not support the request for total gym for home use. The request does not state what type of exercises the injured worker will be participating in or what part of the body will benefit from the use of a total gym. Therefore, the request is non-certified.