

Case Number:	CM14-0215009		
Date Assigned:	01/07/2015	Date of Injury:	06/13/2008
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 43-year-old woman with a date of injury of June 13, 2008. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are other joint derangement, not otherwise specified; and pain in joint, lower leg. The IW is status post right knee surgery X 3 (date unknown). The most recent progress note available for review in the 33 page medical record is dated September 18, 2014. According to the documentation, the IW complains of right knee pain rated 3/10 on the pain scale. Objectively, documentation indicated the IW is doing poorly, with marked stiffness and swelling in the right knee. X-rays (three views) of the right knee and right tibia showed no soft tissue swelling. The treatment plan includes request MRI for the right knee. Additionally, a urine drug screen will be requested to check efficacy of medications. The injured worker's current medications were not documented. There was no discussion or clinical indication by the requesting physician regarding Hyalgan injections to the right knee. The current request is for a series of 5 Hyalgan Injections to the right knee, and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 5 hyalgan injections to 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Section, Hyaluronic acid Injections

Decision rationale: Pursuant to the Official Disability Guidelines, series of five hyaluronic acid injections to the right knee are not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients with not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen) to potentially delayed total knee replacement. The criteria for injections include, but are not limited to, patients experience significant symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (exercise) and pharmacologic treatments or are intolerant of these therapies; documented symptomatic severe osteoarthritis of the knee; pain interferes with functional activities; are not currently candidates for total knee replacement or have failed previous knee surgery; injections are not recommended for chondromalacia patella, facet joint arthropathy, osteochondritis desiccans; or patellofemoral arthritis, patellofemoral syndrome because the effectiveness of hyaluronic acid injections for these indications has not been established. In this case, the injured worker's working diagnoses are other joint derangement, not otherwise specified; and pain in joint, lower leg. The IW is status post right knee surgery X 3 (date unknown). The medical record is a 33 page document with the latest progress note dated September 18, 2014. The injured worker had complaints of right knee pain. There was more stiffness and swelling in the right knee. X-rays showed no soft tissue swelling. There was no additional discussion or clinical indication or rationale by the treating physician regarding the hyaluronic injections to the right knee. Additionally, regarding a repeat series of injections, if there is documented significant improvement in symptoms for six months or more and symptoms recur, it may be reasonable to do another series. There is no maximum established by high quality scientific evidence. Consequently, absent clinical documentation to support a series of five hyaluronic acid injections to the right knee, the clinical indication and rationale for the hyaluronic acid injections, a series of five hyaluronic acid injections to the right knee were not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue,

adjust or discontinue treatment. The frequency of urine drug screening is determined by whether the patient/injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are other joint derangement, not otherwise specified; and pain in joint, lower leg. The IW is status post right knee surgery X 3 (date unknown). The documentation in the September 18, 2014 progress note states a urine drug screen will be requested to check efficacy of medications. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. There is no documentation in the medical record of drug seeking behavior, aberrant drug-related behavior or drug misuse or abuse. Additionally, there is no risk assessment indicating the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. The frequency of urine drug screens is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. There were no prior urine drug screens in the medical record. Consequently, absent clinical documentation indicating a risk assessment for the injured worker, prior urine drug screens (if any), and a specific clinical indication, urine drug toxicology screen is not medically necessary.