

Case Number:	CM14-0037342		
Date Assigned:	06/25/2014	Date of Injury:	09/05/2012
Decision Date:	03/24/2015	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male with an industrial injury dated 09/05/2012. He states he was climbing down from a truck and his pants got caught twisting his knee. The most recent note is dated March 12, 2014 which notes the injured worker is complaining of left knee pain. There is an AME dated July 2014. Previous treatments included MRI of the left knee on 11/02/2012 and 06/05/2013. Reports are documented on 07/02/2014 note. Video arthroscopy of the left knee and arthroscopic posterior horn medial meniscectomy and removal of a chronic pre-patellar bursa along the anterior pre-patellar bursa was done on 01/28/2013. Other treatments include physical therapy and chiropractic treatment. Diagnosis included status post left knee arthroscopic medial meniscal surgery on 01/28/2013 and left knee Chondromalacia patella. On 02/28/2014 utilization review denied the request for Orthovisc injection to the left knee over a three-week period. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 - Orthovisc Injection to the left knee over a 3 week period: 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 chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections

Decision rationale: The 40 year old patient presents with left knee pain, rated at 5/10, as per progress report dated 11/25/13. The request is for 3 ORTHOVISC INJECTION TO THE LEFT KNEE OVER A 3 WEEK PERIOD. There is no RFA for this case, and the patient's date of injury is 09/05/12. The patient is status post left knee meniscal repair on 01/28/13, as per progress report dated 11/25/13. MRI of the left knee, dated 06/04/13, reveals medial compartmental chondral thinning, and lateral patellar tilt and subluxation. Diagnosis included left knee chondromalacia patella, possible internal derangement. Medications, as per progress report date 11/20/13, included Naproxen, Norco, Adderall, and Pravastatin. The patient is temporarily totally disabled, as per progress report dated 11/20/13. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' 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. ODG further states that This study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection, there is morbid obesity or draining popliteal cyst. In this case, only two progress reports dated prior to the UR denial date of 02/27/14 are available for review. None of the reports document a prior Orthovisc injection. There is no discussion about the purpose of the current request as well. The patient suffers from knee pain but has not been diagnosed osteoarthritis for which the injections are generally indicated. In fact, the patient has been diagnosed with Chondromalacia patella, as per progress report dated 11/20/13, and ODG guidelines state that there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hence, the request IS NOT medically necessary.

Hydrocodone-APAP 10/325mg #90: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The 64 year old patient presents with left knee pain, rated at 5/10, as per progress report dated 11/25/13. The request is for HYDROCODONE APAP 10/325 mg # 90. There is no RFA for this case, and the patient's date of injury is 09/05/12. The patient is status post left knee meniscal repair on 01/28/13, as per progress report dated 11/25/13. MRI of the left

knee, dated 06/04/13, reveals medial compartmental chondral thinning, and lateral patellar tilt and subluxation. Diagnosis included left knee chondromalacia patella, possible internal derangement. Medications, as per progress report date 11/20/13, include Naproxen, Norco, Adderall, and Pravastatin. The patient is temporarily totally disabled, as per progress report dated 11/20/13. MTUS Guidelines pages 88 and 89 states, "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, 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only two progress reports dated prior to the UR denial date of 02/27/14 are available for review. A prescription for Norco is noted in both the progress reports. It is, therefore, reasonable to assume that the patient has been using the medication for several months. However, the treater does not document a change in pain scale due to Norco use nor does the treater use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. The treater does not discuss the side effects of Norco as well. MTUS guidelines require clear discussion about the 4As, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, for continued Hydrocodone use. Hence, this request IS NOT medically necessary.