

Case Number:	CM15-0110160		
Date Assigned:	06/16/2015	Date of Injury:	03/29/2007
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male, who sustained an industrial injury on 03/29/2007. He reported an injury to his right knee. Treatment to date has included x-rays, knee brace, medications, MRI and right knee surgery. Postoperative complications included a deep venous thrombosis. According to a progress report dated 04/30/2015, the injured worker complained of gradually increasing pain to his right knee over the past 2 months. Pain was rated 5 on a scale of 1-10 and was exacerbated by increased activities such as prolonged walking and exercise. He reported that he had excellent results with viscosupplementation and was requesting repeat injections. Assessment included right knee complex anterior cruciate ligament tear status post reconstruction. The treatment plan included a series of viscosupplementation injections, Celebrex, Glucosamine Chondroitin, and regular work status. Currently under review is the request for a series of viscosupplementation injections quantity 4 and Celebrex 200mg capsules quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections (a series of) Qty: 4.00: 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), Knee - 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 & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury and March 2007 and continued to be treated for right knee pain. When seen, he was having increased pain over the previous two months. Pain was rated at 5/10. Physical examination findings included a BMI of nearly 30. There was normal range of motion and strength. An x-ray was obtained showing preservation of joint space with post surgical changes from an anterior cruciate ligament reconstruction and lateral meniscectomy in July 2007. Medications being prescribed included ibuprofen, Vicodin, and Celebrex. Review of systems was negative. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant does not have a diagnosis of severe osteoarthritis with preservation of joint space demonstrated by x-ray. The requested series of injections was not medically necessary.

Celebrex 200mg capsules Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant sustained a work injury and March 2007 and continued to be treated for right knee pain. When seen, he was having increased pain over the previous two months. Pain was rated at 5/10. Physical examination findings included a BMI of nearly 30. There was normal range of motion and strength. An x-ray was obtained showing preservation of joint space with post surgical changes from an anterior cruciate ligament reconstruction and lateral meniscectomy in July 2007. Medications being prescribed included ibuprofen, Vicodin, and Celebrex. Review of systems was negative. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as Celebrex over a non-selective medication. Additionally, the claimant is also taking ibuprofen and prescribing two NSAID medications is not appropriate or medically necessary.

