MAXIMUS Federal Services

Case Number:	CM15-0113514		
Date Assigned:	06/19/2015	Date of Injury:	07/29/2013
Decision Date:	07/20/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 60 year old male with an industrial injury dated 07/29/2013. The mechanism of injury is reported as falling off a crane and feeling a pop in his left knee. His diagnoses included left knee degenerative joint disease and status post left knee patellectomy. Prior treatment included surgery (left knee patellectomy and partial medial meniscectomy), physical therapy and home exercise program. The injured worker presented on 04/21/2015 for left knee pain. The pain is described as aching and stabbing and rated as 6/10. The pain was made better by rest and worse by prolonged standing and walking. Physical exam of the left knee revealed tenderness and trace knee effusion. Deep tendon reflexes were decreased in left knee secondary to absent patella. Treatment plan included series of Visco supplementation injections under ultrasound guidance # 5 and Arthrotec 75 mg by mouth daily, # 60. The treatment request is for Arthrotec 75 mg # 60 - refill 2 and viscosupplementation, series of five injections utilizing Hyalgan under ultrasound guidance to left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec 75mg #60, refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren; Food and Drug Administration (Arthrotec).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen and Vicodin in the past with pain relief. There was no mention of GI complications requiring Misoprostol (A GI protectant while on NSAIDS) There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future response to medication cannot be determined/ The use Arthrotec (Diclofenac /Misoprostol) with 2 refills is not medically necessary.

Viscosupplementation, series of five injections utilizing hyalgan under ultrasound guidance to left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Viscosupplementation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee pain and Hyaluronic acid and pg 35.

Decision rationale: According to the guidelines Criteria for Hyaluronic acid injections: Patients 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; Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: (1) Bony enlargement; (2) Bony tenderness; (3) Crepitus (noisy, grating sound) on active motion; (4) Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; (5) Less than 30 minutes of morning stiffness; (6) No palpable warmth of synovium; (7) Over 50 years of age; (8) Rheumatoid factor less than 1:40 titer (agglutination method); (9) Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm3). In this case, the claimant did not meet the criteria above for arthritis. In addition, fluoroscopy and 5 injections are not initially require to determine therapeutic response. The request above is not medically necessary.