

<b>Case Number:</b>	CM15-0118902		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: California, Hawaii

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 female patient who sustained an industrial injury on 07/18/2011. At a primary treating office visit dated 01/05/2015 the patient reported the medication decreases the pain and results in improved function a greater level of activity. She states having improved range of motion with medication. She is currently taking Tramadol ER 300mg daily which enabled the discontinuation of IR drug Opioid narcotic. The following diagnoses were applied: status post right knee arthroscopy 11/15/2011; rule out meniscal pathology right knee, and right ankle chronic ligamentous injury. The right knee condition remains refractory to treatment continue with recommendation to undergo magnetic resonance imaging of right knee, right knee brace, right ankle brace, transcutaneous nerve stimulator unit and current medication regimen. A recent primary treating office visit dated 05/21/2015 reported subjective complaint of with continued severe right knee pain and swelling. The most recent magnetic resonance imaging study 05/05/2015 showed complex degenerative tearing of the medial meniscus, including marked truncation central free edge of the body with broad area of high grade partial thickness cartilage loss overlying the centrally weight bearing portion of the medial femoral condyle. Objective findings showed a 2 plus effusion and marked medial joint line tenderness. There is full range of motion and a positive McMurray's test medially/laterally. There is crepitance throughout range of motion with patellofemoral compression pain. She is diagnosed with having degenerative medial meniscus tear with medial femoral condyle, chondral loss. The plan of care noted recommending Orthovisc injections to the right knee; undergo a course of physical therapy, and utilize a topical compound cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orthovisc injections for the right knee (series of 3 injections): Upheld**

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

**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 Hyaluronic acid injections.

**Decision rationale:** The patient presents with continued severe right knee pain and swelling. The current request is for Orthovisc injections for the right knee (series of 3 injections). The treating physician states, in a report dated 05/21/15, "This is a formal request for authorization for a series of Orthovisc injections to the right knee." (341B) The MTUS guidelines are silent on the matter of Orthovisc injections. The ODG guidelines recommend hyaluronic acid injections for patients with significantly symptomatic severe osteoarthritis of the knee with several criteria that must be met. In this case, the treating physician has documented that the patient has a degenerative medial meniscus tear with medial femoral condyle chondral loss with severe pain. While the patient does have severe knee pain, there is no history of conservative treatments failure or response to aspiration and steroid injection and no documentation of functional deficits related to the right knee. The ODG criteria for Synvisc injections is very specific and the treating physician has not documented the required criteria for support of this request. The current request is not medically necessary.

### **Physical therapy 3 times a week for 4 weeks for the right knee: 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with continued severe right knee pain and swelling. The current request is for Physical Therapy 3 times a week for 4 weeks for the right knee. The treating physician states, in a report dated 05/21/15, "She should also undergo a physical therapy program 3 times a week for 4 weeks. Pending authorization for the above she remains temporarily partially disabled consistent with my prior recommendations avoiding prolonged weight bearing, squatting, kneeling, climbing, or lifting." (341B) The patient is status post right knee arthroscopy 11/15/2011. The MTUS guidelines for PT recommend 8-10 sessions for myalgia or neuritis type conditions to control pain, inflammation and swelling. In this case, the treating physician documents "most recent MRI scan obtained on May 5, 2015, from [REDACTED] [REDACTED] demonstrated complex degenerative tearing of the medial meniscus, including marked truncation central free edge of the body with broad area of high-grade, partial-thickness cartilage

loss overlying the centrally weight bearing portion of the medial femoral condyle." However, there is no documentation to support a request for 12 PT sessions, which is outside of the MTUS guideline recommendation of 8-10. The current request is not medically necessary.

**Compound medication: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 2 %, 300gm (apply 3 times a day) with 3 refills: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with continued severe right knee pain and swelling. The current request is for Compound medication: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%. The treating physician states, in a report dated 05/21/15, "This is a formal request for topical analgesic containing ketoprofen 10%, gabapentin 6%, bupivacaine 5%, baclofen 2%, cyclobenzaprine 2%, clonidine 0.2%, and hyaluronic acid 2%, 300 grams, applied t.i.d. with 3 refills, consisting with MTUS and ODG." (341B) MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support Cyclobenzaprine or Gabapentin in topical products. The current request is not medically necessary.