

Case Number:	CM15-0119081		
Date Assigned:	07/01/2015	Date of Injury:	03/13/2013
Decision Date:	09/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Emergency 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 is a 36-year-old male, who sustained an industrial injury on 03/13/2013. He has reported subsequent right knee pain and was diagnosed with trauma arthropathy of the leg, right knee fracture, post-traumatic osteoarthritis, malunion of fracture, and deep vein thrombosis and status post-open reduction internal fixation of the right knee. Treatment to date has included medication, surgery, ultrasound massage, transcutaneous electrical nerve stimulator (TENS) unit and a home exercise program. The documentation submitted shows that the injured worker had a trial of TENS unit for the right knee on 01/15/2015. The pre-treatment pain was documented as 5/10 and post treatment pain level was noted to be 4/10. The TENS unit was noted to help a little so a TENS unit for home use was dispensed. Goals were noted to be improving functional restoration, reducing pain, increasing range of motion, reducing the need for pain medication and decreasing the number of flare-ups of symptoms. Although a 02/23/2015 progress note indicates that x-rays of the right knee were reviewed, the report was not included in the submitted documentation and specific findings were not discussed. In a progress note dated 04/24/2015, the injured worker complained of 4/10 right knee pain. Medications and TENS treatment were noted to help with the pain. Objective findings were notable for tenderness to palpation. There was no recent change in work status and the status was noted as being modified with no prolonged or repetitive kneeling, no lifting of greater than 20 pounds and no heavy or repetitive pushing or pulling. A request for authorization of Naproxen Sodium 550 mg #60, TENS patch 2 pairs and 3 Orthovisc injections into the knee was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDS.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis (including the knee and hip), acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there was no documentation of subjective or objective benefit from use of this medication. There was no indication that the injured worker had significant improvement in the ability to perform activities of daily living and work status remained unchanged. Although the physician notes that medications were helping with pain, the most recent progress notes indicate that the injured worker's pain was 4-5/10 and had essentially remained unchanged since the doctor's first report of illness or injury dated 12/02/2014, which documented the pain as 5/10. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

TENS patch 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per CA MTUS guidelines, transcutaneous electrical nerve stimulator (TENS) can be used for chronic intractable pain if there is evidence of pain for at least three months, documentation that other pain modalities had been attempted and failed and a one-month trial period of the TENS with documentation as to the frequency of use and outcomes should be included. A treatment plan with short and long-term goals of treatment should also be included. The documentation submitted shows that the injured worker had a trial of TENS for the right knee on 01/15/2015. Treatment goals were documented. Although subsequent visit notes indicate that TENS was assisting with pain relief, the pain was rated as 4-5/10, which does not show a significant reduction from pre-treatment pain, levels which were rated as 5/10.

Documentation did not demonstrate evidence of objective functional improvement with use of the TENS. There was no indication that the injured worker had significant improvement in the ability to perform activities of daily living and work status remained unchanged. In addition, there was no documentation as to the specific conservative treatments that had been attempted and failed prior to the request for TENS. Therefore, the request for authorization of TENS patch 2 pairs is not medically necessary.

3 orthovisc injections into the 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 (ODG), Knee & Leg, Orthovisc (hyaluronan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic), hyaluronic acid injections.

Decision rationale: CA MTUS guidelines are silent regarding the use of Hyaluronic acid injections so alternative guidelines were referenced. As per ODG, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, non-steroidal anti-inflammatory (NSAIDs) or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Other ODG criteria for these injections includes documented symptomatic severe osteoarthritis of the knee which may include enlargement or tenderness of the bone, crepitus on active motion, less than 30 minutes of morning stiffness, failure to respond to aspiration and injection of intra-articular steroids, pain that interferes with functional activities that is not caused by other joint disease and those who are not candidates for total knee replacement or failed previous knee surgery for arthritis. The documentation shows that the injured worker was diagnosed with traumatic osteoarthritis of the knee. The x-ray report of the right knee was not included for review. The most recent progress notes show no objective findings of severe osteoarthritis and the 04/24/2015 progress note was notable only for tenderness to palpation. There is no evidence that other treatment modalities had failed and there was no documentation that aspiration or injection of intra-articular steroids had been attempted and failed. Therefore, the request for authorization of 3 orthovisc injections into the knee is not medically necessary.