MAXIMUS Federal Services

Case Number:	CM15-0122554		
Date Assigned:	07/02/2015	Date of Injury:	04/29/1997
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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, West Virginia, Pennsylvania
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:

This 72 year old female sustained an industrial injury to the left knee on 4/29/97. Previous treatment included left knee arthroscopy with lateral retinacular release and imbrication, hot/cold wrap, transcutaneous electrical nerve stimulator unit, injections, cane and medications. In a qualified medical evaluation dated 6/2/15, the injured worker complained of buckling, limping and swelling to the left knee. The injured worker's sitting tolerance was thirty minutes to an hour, standing and walking was up to thirty minutes and lifting was no more than a few pounds. The physician noted that chores were not done around the house. The injured worker needed help. The injured worker was avoiding total knee replacement. The physician noted that the injured worker had Hyalgan injections in 2012 and 2014. The physician stated that it had helped her enough that she did not need to repeat at this time. Physical exam was remarkable for tenderness to palpation along the knee with weakness to resisted function and decreased range of motion. Current diagnoses included internal derangement of the left knee status post arthroscopy and chronic pain syndrome. The treatment plan included requesting authorization for medications (Naproxen Sodium, AcipHex and Norco), a four lead transcutaneous electrical nerve stimulator unit with conductive garment, a series of five Hyalgan injections and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections x 5, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Knee and Leg Chapter, 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) Hyaluronic acid injections.

Decision rationale: Guidelines recommend a repeat series of injections if documented significant improvement in symptoms for 6 months or more and symptoms recur. In this case, the patient received injections in 2012 and 2014 and they reportedly helped the patient. As there are no documentations of improvement in pain, duration of relief, or improvement in function, the request for a repeat series of injections of Hyalgan X5 of the left knee is not medically appropriate or necessary.

Norco 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to guidelines, ongoing management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, documentation is lacking regarding any functional improvement or pain relief pre and post opioid use. The request for Norco 10 mg #30 is not medically appropriate or necessary.

Urine drug screen: 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) Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screens.

Decision rationale: Guidelines recommend using urine drug screens to assess for the use or presence of illegal drugs, especially with patients who are on chronic medications. In this case, the patient is on medications. However, the date and results of the previous urine drug screen are not specified in the documentation provided. In addition, the continued use of Norco is not

supported by guidelines. The request for a urine drug screen is not medically appropriate or necessary.