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| Case Number: | CM15-0172476 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 05/21/2015 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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 was a 62 year old male, who sustained an industrial injury, May 21, 2015. According to progress note of August 5, 2015, the injured worker's chief complaint was sharp pain in the bilateral knees. There was numbness and tingling that went down the legs. The pain increased with walking and kneeling. The pain in the right knee was rated at 9 out of 10. The pain in the left knee was rated at 7 out of 10. The injured worker was also complaining of hernia pain, noting a lump on the right side of the abdomen. The physical exam noted crepitus was markedly positive in the bilateral knees. The passive extension testing was negative in the bilateral knees. Heel and toe walking was normal bilaterally. The gait was antalgic on the right. The range of motion was decreased on the right 80 degrees and left 90 out of 135 degrees. The Extension was normal in the right and the left. The injured worker was undergoing treatment for diabetes, hypertension, bilateral knee pain and ventral hernia. The injured worker previously received the following treatments Metoprolol, Tramadol, x-rays of the right and left knee revealed severe degenerative joint disease and ventral hernia repair. The RFA (request for authorization) dated August 5, 2015, the following treatments were requested injections for the right and left knees. The UR (utilization review board) denied certification on August 24, 2015: for the injections for the right and left knees was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections of the right 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-TWC) - Criteria for 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), Corticosteroid injections.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for bilateral knee pain with lower extremity numbness and tingling and has complaints of a right-sided abdominal hernia. He was seen for an initial orthopedic evaluation. His prior treatments were reviewed. He had been prescribed tramadol and received a right knee injection which helped for one month. Physical examination findings included a BMI of over 30. There was bilateral medial and lateral joint line tenderness. There was marked varus deformity bilaterally. There was decreased neat range of motion bilaterally with crepitus and an antalgic gait. X-rays were obtained showing findings of severe bilateral degenerative joint disease. Diclofenac was prescribed. Authorization for knee injections was requested. Criteria for an intra-articular knee injection include when symptoms are not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no evidence of failure of conservative treatments. Diclofenac was prescribed and there is no evidence of prior physical therapy. The requested intra-articular knee injections are not medically necessary.

Injections of the left 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-TWC) - Criteria for 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), Corticosteroid injections.

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for bilateral knee pain with lower extremity numbness and tingling and has complaints of a right-sided abdominal hernia. He was seen for an initial orthopedic evaluation. His prior treatments were reviewed. He had been prescribed tramadol and received a right knee injection which helped for one month. Physical examination findings included a BMI of over 30. There was bilateral medial and lateral joint line tenderness. There was marked varus deformity bilaterally. There was decreased neat range of motion bilaterally with crepitus and an antalgic gait. X-rays were obtained showing findings of severe bilateral degenerative joint disease. Diclofenac was prescribed. Authorization for knee injections was requested. Criteria for an intra-articular knee injection include when symptoms are not controlled adequately by recommended conservative

treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no evidence of failure of conservative treatments. Diclofenac was prescribed and there is no evidence of prior physical therapy. The requested intra-articular knee injections are not medically necessary.