

<b>Case Number:</b>	CM15-0178378		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/03/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Internal 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 72 year old female, who sustained an industrial-work injury on 11-3-05. She reported initial complaints of low back and right knee pain. The injured worker was diagnosed as having chronic lower back pain status post vertebroplasty at L1 and posterior dynamic stabilization operation with pedicle screw at L2-5. Treatment to date has included medication and diagnostics. X-rays were reported on 7-10-15, per UR report, of the right knee demonstrated diffuse osteopenia and mild narrowing of the medial and lateral compartments without degenerative spurring. Currently, the injured worker complains of low back and right knee pain. She was mostly wheelchair bound and used in-home care support services to help with ADL's (activities of daily living), transportation, and other activities. Medication helped with functional ability. Standing was with a front wheeled walker. Meds included Soma, Naproxen, and Gabapentin. Per the primary physician's progress report (PR-2) on 8-17-15, there is tenderness along the right knee and difficult weight bearing, and unable to stand on toes or heels. The Request for Authorization date requested service to include Unloading braces for the right knee for purchase, Hyalgan injection for the right knee, MRI of the right knee without contrast, and Protonix 20mg, #60. The Utilization Review on 8-28-15 denied the request due to lack of diagnosis and specific use, therefore not necessary, per CA MTUS (California Medical Treatment Utilization Schedule) Knee Complaints; Official Disability Guidelines (ODG) Knee and Leg Chapter: Criteria for Hyaluronic acid injections; and CA MTUS (California Medical Treatment Utilization Schedule) Chronic Medical Treatment Guidelines 2009.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Unloading braces for the right knee for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Unloader braces.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Unloader braces for the knee.

**Decision rationale:** Per ODG, unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. MTUS goes on to state that braces need to be used in conjunction with a rehabilitation program and that the benefits be more emotional (i.e., increasing the patient's confidence) than medical. The injured worker complains of right knee pain, with X-ray findings of diffuse osteopenia and mild narrowing of the medial and lateral compartments without degenerative spurring. Documentation shows that the injured worker already has access to a hinged brace. Physician report at the time of the requested service fails to demonstrate clinical findings of severe instability of the knee and there is no report of osteoarthritis of the medial compartment of the knee to establish the medical necessity for the use of an unloader knee brace. The request for Unloading braces for the right knee for purchase is not medically necessary by guidelines.

### **Hyalgan injection for 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) Knee and Leg Chapter: 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 Chapter, Hyaluronic acid injections.

**Decision rationale:** MTUS does not address Hyaluronic acid injections. ODG recommends Hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Per guidelines, there is insufficient evidence for Hyaluronic acid injections to treat other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, and patellofemoral syndrome (patellar knee pain). Criteria of Hyaluronic acid injections include documented symptomatic severe osteoarthritis of the knee, age over 50 years, pain interfering with functional activities (e.g., ambulation, prolonged standing) and failure to adequately

respond to aspiration and injection of intra-articular steroids. This form of treatment may also be recommended in patients who are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis and in younger patients wanting to delay total knee replacement. The injured worker complains of ongoing right knee pain, with X-ray findings of mild narrowing of the medial and lateral compartments without degenerative spurring. Physician report at the time of the requested service fails to demonstrate that the injured worker has symptomatic severe osteoarthritis and there is lack of evidence of previous failure to adequately respond to aspiration and injection of intra-articular steroids. With guidelines not being met, the request for Hyalgan injection for the right knee is not medically necessary.

**MRI of the right knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**Decision rationale:** Per guidelines, Magnetic resonance imaging (MRI) may be considered if posterior knee dislocation or ligament or cartilage disruption is suspected in the evaluation of soft tissue injuries. MRI should be reserved for situations in which further information is required for a diagnosis, and there is consideration for arthroscopy. The injured worker complains of chronic right knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for MRI of the right knee without contrast is not medically necessary.

**Protonix 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is being treated with NSAIDs or has history of gastrointestinal illness to establish the medical necessity of ongoing use of Protonix. The request for Protonix 20mg, #60 is not medically necessary per MTUS guidelines.