

Case Number:	CM15-0098495		
Date Assigned:	06/01/2015	Date of Injury:	04/18/2012
Decision Date:	07/09/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/22/2015

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

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 59 year old female, who sustained an industrial injury on 4/18/2012. She reported right knee pain. The injured worker was diagnosed as having right knee osteoarthritis. Treatment to date has included right knee surgery (11/19/2014), medications, physical therapy. The request is for Norco; 3 months' supply for bionicare knee brace; oactive brace, lower liner, suspension wrap, and tech fee; and 3 synvisc injections for the right knee. Several pages of the medical records have handwritten information which is difficult to decipher. On 11/12/2014, she is noted to return with unchanged symptomology. She is working despite her symptoms. She rated her pain level as 4/10. The right knee is noted to have edema at the medial joint line, and she has pain with greater than 80 degrees on flexion. On 5/7/2015, she complained of right knee pain and swelling. The knee is reported to have a well healed scar. She rated her pain as 8-9/10. The treatment plan included: knee brace, synvisc injections, bionicare knee brace system, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right knee pain with tightness, buckling and giving away. The patient is status post right knee meniscectomy from 11/19/2014. The physician is requesting Norco 7.5/325 #120. The RFA from 03/23/2015 shows a request for Norco 7.5/325 mg 1 PO Q5H PRN #120. The patient is currently temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Medical records show that the patient was prescribed Norco prior to 06/2014. Per the 05/07/2015 hand written progress report, the patient still reports some swelling. She uses a walker and a cane. Her pain level is 8-9/10. The patient's condition has remained the same since her last exam. Well-healed portal scars were noted. Positive patella grind. SL effusion noted. The patient's pain level without medication is 9/10 and 8/10 with medication. Duration of relief is 3-4 hours. While that physician has noted before and after pain scales, analgesia was not significant. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the request for norco is not medically necessary.

Three (3) months supply of Bionicare Knee Brace supplies: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), BoniCare Knee device.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter on Bionicare Knee device.

Decision rationale: The patient presents with right knee pain with tightness, buckling and giving away. The patient is status post right knee meniscectomy from 11/19/2014. The physician is requesting Three (3) Months Supply Of Bionicare Knee Brace Supplies. The RFA from 05/12/2015 shows a request for Bionicare Knee Device 3 month supply. The patient is currently temporarily totally disabled. The ODG Guidelines under the Knee and Leg Chapter on

Bionicare Knee device states, Recommended as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. This device received FDA approval as a TENS device, but there are additional claims of tissue regeneration effectiveness and studies suggesting the possibility of deferral of TKA with use of the BioniCare device. The Bionicare device successfully attenuated knee OA symptoms in patients who had failed non-surgical therapy. Less than 250 hours of therapy provided relief, but improvement increased in a dose-response manner after 750 hours of cumulative use. (Farr, 2006) Bionicare treatment provided superior outcomes between baseline and 3-month follow-up measurements. Per the 05/07/2015 report, the patient continues to complain of right knee pain with tightness, buckling and giving away. There is some swelling noted. The patient sometimes utilizes a walker or a cane for ambulation. Exam shows well healed portal scars on the right knee. Range of motion upon flexion is 120 and 0 at extension. SL effusion is noted. Positive portal grind. The physician is requesting a Bionicare Knee brace system to focus on pain management and support for the right knee. No MRI or X-rays were provided. The patient has a diagnosis of right knee OA and has utilized surgery, medication and physical therapy. In this case, the patient continues to have significant symptoms and there is no indication that the patient was previously dispensed a knee brace. Guidelines support the use of Bionicare Knee devices for patient with OA. The request is medically necessary.

One (1) OActive brace, lower liner, suspension wrap, tech fee: 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), Unloader Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Knee brace.

Decision rationale: The patient presents with right knee pain with tightness, buckling and giving away. The patient is status post right knee meniscectomy from 11/19/2014. The physician is requesting One (1) Oactive Brace, Lower Liner, Suspension Wrap, Tech Fee. The RFA from 05/12/2015 shows a request for OActive OTS Brace/Condyle/Lower liner/Upper Liner on non-corrosive finish/ Suspension wrap/tech fee. The patient is currently temporarily totally disabled. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, Immobilizer only if needed Under Patellofemoral syndrome a knee sleeve is an option. ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Per the 05/07/2015 report, the patient continues to complain of right knee pain with tightness, buckling and giving away. There is some swelling noted. The patient sometimes utilizes a walker or a cane for ambulation. Exam

shows well-healed portal scars on the right knee. Range of motion upon flexion is 120 and 0 at extension. SL effusion is noted. Positive portal grind. No MRIs or X-rays were included. The physician does not provide a rationale for this request. The patient has persistent symptoms despite surgery, medication and physical therapy. In this case, a request was made for Bionicare Knee brace and a second knee brace is not substantiated. The request is not medically necessary.

Three (3) Synvisc injection right knee, 6ml, 48mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 knee and leg chapter, hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not discussed Synvisc (hyaluronic acid) knee injections. Therefore, we turned to ODG for further discussion. ODG Guidelines under its knee and leg chapter has the following regarding hyaluronic acid injections, Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAID, or acetaminophen), to potentially delay the total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. ODG further states that study is assessing the efficacy of intra-articular injection of hyaluronic acid compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but hyaluronic acid was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. The 05/07/2015 progress report shows that the patient continues to complain of right knee pain with tightness, buckling and giving away. There is some swelling noted. The patient sometimes utilizes a walker or a cane for ambulation. Exam shows well healed portal scars on the right knee. Range of motion upon flexion is 120 and 0 at extension. SL effusion is noted. Positive portal grind. No MRI or X-ray reports were included. The patient's treatment history includes surgery, medications and physical therapy. No prior history of corticoid steroid injection or hyaluronic acid injections were noted. In this case, the patient continues to have significant pain despite conservative measures and the request is in accordance with the ODG guidelines. The request is medically necessary.