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| Case Number: | CM14-0140713 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/02/2008 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female eligibility worker sustained an industrial injury on 9/2/08 relative to continuous trauma. The mechanism of injury was not documented. The patient underwent right knee arthroscopic surgery on 6/3/10, and left knee arthroscopic surgery on 4/2/12. The 11/29/12 left knee MRI documented a tear of the posterior medial meniscus. There was extensive degenerative changes in the patellofemoral compartment and small joint effusion. She was diagnosed with left knee osteoarthritis. She underwent a Hyalgan injection to the left knee on 10/31/13 that was helpful for 6 months and a second one was administered on 3/31/14. The 5/27/14 treating physician report cited current complaints of intermittent dull back pain with difficulty bending, twisting, turning and lifting. Pain was alleviated with elevation of her head or legs, Salon Pas patches, or medications. There was continuous left knee pain with swelling most of the time. Occasionally, the left knee will lock with prolonged sitting. Pain was increased with weight bearing, squatting, kneeling, stairs, uneven surfaces, or certain shoes. Pain was relieved with supportive shoes, exercises, medications, elevation, and rest. Physical exam documented range of motion 0-150 degrees bilaterally with no pain, popping, crepitus, or locking. There was no tenderness over any knee structures. Provocative testing was negative. Lower extremity neurologic exam documented normal strength, sensation, and deep tendon reflexes. The 8/11/14 report documented 3 months of relief with the previous Hyalgan injection. The patient was noted to have grade 7/10 low back pain with no objective red flag findings. A request for left knee Synvisc injection, left knee MRI, and lumbar spine MRI was submitted. The 8/21/14 utilization review denied the request for left knee Synvisc injection as the patient had only achieved 3 months of relief with the last injection which did not meet guideline criteria for repeat injections. The left knee MRI request was denied as there was no rationale to support the medical necessity of additional imaging with findings of on-going osteoarthritis. The request for lumbar spine MRI

was denied as there was no documentation of physical exam findings or subjective complaints that would support the medical necessity of imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Synvisc Injection: 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)

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, Hyaluronic acid injections

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for patients with osteoarthritis who have not responded adequately to conservative treatments. Repeat injections are supported if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. Guideline criteria have not been met. The last injection was performed on 3/31/14, less than 6 months prior to the 8/19/14 request. Records indicate that 3 months of relief were obtained with the last injection which fails to meet guideline criteria. Therefore, this request is not medically necessary.

MRI Left Knee, per (08/19/2014): 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, MRI Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Magnetic resonance imaging (MRIs)

Decision rationale: The California MTUS guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results. The Official Disability Guidelines recommended repeat postsurgical imaging if needed to assess knee cartilage repair tissue. Guideline criteria have not been met. There is no compelling reason presented to support the medical necessity of repeat imaging for this patient. The patient has been diagnosed with on-going osteoarthritis with no indication of undiagnosed knee cartilage tissue insult. Therefore, this request is not medically necessary.

MRI of the Lumbar Spine per (08/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 52-59.

Decision rationale: The California MTUS guidelines recommend MRI as an option for the evaluation of select chronic lower back pain patients in order to rule-out concurrent pathology unrelated to the injury. This option should not be considered before 3 months and only after other treatment modalities (including NSAIDs, aerobic exercise, other exercise, and considerations for manipulation and acupuncture) have failed. Guideline criteria have not been met. There is no documentation of subjective complaint or evidence of neurologic dysfunction or tissue insult to support the medical necessity of MRI. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. Therefore, this request is not medically necessary.