

Case Number:	CM14-0146272		
Date Assigned:	09/12/2014	Date of Injury:	06/19/2013
Decision Date:	10/21/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The injured worker is a 42 year-old female who reported an injury on 06/19/2014 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her left knee. The injured worker's treatment history included physical therapy, acupuncture, medications, and corticosteroid injections. The injured worker was evaluated on 08/19/2014. It was documented that the injured worker's medications included tramadol, Prilosec, and ketoprofen. It was documented that the use of these medications improved her ability to walk by 50% and increased her ability to sleep. It was also noted that the injured worker used Methoderm gel to provide mild relief. The physical findings included range of motion of the right knee described as 0 to 115 degrees with painful patellofemoral crepitus and no evidence of instability. Although an MRI was not provided for review, it was noted that the injured worker underwent an MRI on 12/10/2013 that documented a lateral patellar tilt with medial subluxation, small joint effusion, minimal femoral orbital spurring, and slightly diminutive anterior cruciate ligament. It was also noted that the injured worker had undergone x-rays on 06/21/2013 that did not reveal any obvious fractures or dislocation. The injured worker's diagnoses included left knee chondromalacia patella, patellar subluxation medially, and left knee degenerative joint disease. The injured worker's treatment plan included a continuation of medications and a series of 3 Synvisc injections. A Request for Authorization form dated 08/19/2014 was submitted to support the request. A supplemental report dated 08/26/2014 was provided. It was noted that the request for Synvisc injections and medications received an adverse determination. It was noted that ketoprofen was provided to the injured worker to allow for alleviation of mild to moderate pain. Additional information to support the Synvisc injections was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Ketoprofen 75 mg capsule # 90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However, ongoing documentation of pain relief and functional benefit must be provided to support continued use. The requested 1 refill does not allow for this ongoing documentation and evaluation. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested pharmacy purchase of Ketoprofen 75 mg #90 with 1 refill is not medically necessary.

Menthoderm Gel 4 oz with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of topical analgesics after there is a documented failure to respond to first line medications to include anticonvulsants and antidepressants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications such as antidepressants and anticonvulsants. Therefore, the use of topical agents would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment or an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Menthoderm gel 4 oz with 1 refill is not medically necessary.

Three Orthovisc injections to the left knee over a period of three weeks (outpatient):
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) 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 and Leg chapter, Hyaluronic acid injections

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend hyaluronic injections for patients with severe osteoarthritis identified on physical examination and supported by an imaging study. The clinical documentation does not provide an imaging study that indicates the injured worker had severe tricompartmental osteoarthritis. Furthermore, the injured worker is diagnosed with chondromalacia patella. The Official Disability Guidelines this diagnosis as a contraindication for hyaluronic injections. There were no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested 3 Orthovisc injections to the left knee over a period of 3 weeks are not medically necessary.