

Case Number:	CM13-0013789		
Date Assigned:	09/26/2013	Date of Injury:	02/18/2009
Decision Date:	01/22/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 58-year-old female with a reported date of injury on 04/13/2012. The patient presented with lower back pain and left and right knee pain. Lumbar forward flexion was positive at 50 degrees, and extension was at 20 degrees; lateral bending to the left and to the right were 25 degrees. Rotation to the left and right was 30 degrees. The patient had tenderness over L4-5 and L5-S1 bilaterally. The patient had generalized peripatellar tenderness, and both knees had flexion to 100 degrees and extension to 0 degrees. The patient carried diagnoses including a lumbar spine sprain/strain, facet arthropathy at L4-5 and L5-S1 and a 2 mm anterolisthesis of L5 over S1, persistent axial right-sided lower back pain, facet arthropathy at L4-5 and L5-S1 right side, status post right total knee arthroplasty and left knee pain with chronic arthritis. The physician's treatment plan included a request for a pain consultation, a Functional Capacity Evaluation, home health care, range of motion testing, Synvisc injections and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG-evaluation and management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Office visits.

Decision rationale: The California MTUS Guidelines and ACOEM do not specifically address pain consultations. The Official Disability Guidelines note that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Per the provided documentation, the patient had a pain management consultation, along with followup, in 07/2013. Within the provided documentation, the rationale for a second pain management consultation was unclear. Therefore, the request for a pain consultation is neither medically necessary nor appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89, 127.

Decision rationale: The California MTUS Guidelines noted an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA) prior to entering work conditioning/work hardening. ACOEM recommends the use of a Functional Capacity Evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes; under some circumstances, this can best be done by ordering a Functional Capacity Evaluation of the patient. Within the provided documentation, the provider's rationale for the request for a Functional Capacity Evaluation was unclear. Therefore, the request for a Functional Capacity Evaluation is neither medically necessary nor appropriate.

Home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health care. Decision based on Non-MTUS Citation ODG, home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS Guidelines note that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The provider noted that the patient would require home health for home modifications in terms of cleaning and activities of daily living. The provider noted that performing activities would impinge on the patient's injuries and disabilities, produce increased pain and the need for additional treatment if home care assistance and modifications were not provided for the patient. The guidelines note that home health care does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides, such as bathing, dressing and using the bathroom, when this is the only care needed. Within the provided documentation, it was unclear if the patient would require home health care for medical reasons. Therefore, the request for home health care is neither medically necessary nor appropriate.

Range of motion testing: 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), flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility.

Decision rationale: The California MTUS Guidelines and ACOEM do not address. The Official Disability Guidelines note that The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, state, "An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p. 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers and where the result (range of motion) is of unclear therapeutic value. The guidelines do not recommend computerized measures of lumbar spine range of motion. Therefore, the request for range of motion testing is neither medically necessary nor appropriate.

Synvisc injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Hyaluronic acid injections.

Decision rationale: The California MTUS Guidelines do not address Synvisc injections. ACOEM states in reference to invasive techniques, needle aspiration of effusions or prepatellar

bursal fluid and cortisone injections, are not routinely indicated; however, Synvisc injections are not specifically addressed. The Official Disability Guidelines note criteria for Hyaluronic acid injections include: patients experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months; documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; over 50 years of age. Patients pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease; and the patient had failed to adequately respond to aspiration and injection of intra-articular steroids. The injections are generally performed without fluoroscopic or ultrasound guidance. Patients also should not currently be a candidate for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. It was noted that the patient received a prior Synvisc injection on 02/18/2013. The provider noted that the patient had 6 months relief of pain; however, the requesting physician did not include adequate documentation of significant objective functional improvements with the use of the injection as well as decreased VAS scores. Additionally, the request did not specify which knee the injection was requested for and the number of injections being requested was not specified. Therefore, the request for Synvisc injections is neither medically necessary nor appropriate.

Celebrex medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & Anti inflammatory medications Page(s): 67-68, 22.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The guidelines also note COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Within the provided documentation, it was unclear why the patient was utilizing a COX-2 inhibitor as opposed to a regular NSAID. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of objective functional improvement with the use of the medication. Therefore, the request for Celebrex is neither medically necessary nor appropriate.