MAXIMUS Federal Services

Case Number:	CM13-0024244		
Date Assigned:	11/20/2013	Date of Injury:	03/21/2005
Decision Date:	05/08/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopedic Surgery, and is licensed to practice in 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 injured worker is a 53-year-old female who reported an injury on 03/21/2005. The mechanism of injury was not provided in the medical records for review. In clinical note dated 08/27/2013, the injured worker complained of pain in the neck, wrist, bilateral hands, lower back, and bilateral knees with radiation to both arms and legs. The injured worker complained the pain is associated with tingling in the hands and feet, as well as numbness and weakness in the arms, hands, legs, and feet. The injured worker complained that the frequency of the pain is constant. On a scale of 0 to 10, the injured worker rated the severity of the pain as an 8, but at 6 at its best with medications, and at 8 at its worst. The injured worker described the pain as sharp and electric-like in the knees, dull and aching in the neck and low back, and burning in the neck, with muscle pains in the back of the knees. The injured worker noted that she noticed grinding increased in the right knee. The pain was noted to be aggravated by bending forward, bending backwards, kneeling, reaching, stooping, crawling, doing exercise, pushing shopping carts, leaning forward, and prolonged standing, sitting, and walking. The pain was relieved with rest, medication, sitting, coughing, straining, bowel movements, lying down, and relaxing, according to documentation on the clinical note. The injured worker can walk half a block before having to stop because of her pain. On physical exam, the injured worker is noted to ambulate without assistive device with a normal gait pattern. She is able to put her shoes on and off independently and is able to transfer on and off the examination table independently. She sits comfortably. Musculoskeletal examination of the cervical spine reveals range of motion to forward flexion as 45 degrees, extension as 45 degrees, and rotation as 80 degrees bilaterally. There is tenderness to palpation over the bilateral cervical paraspinal muscles, the left superior trapezius muscle, and left levator scapula. There is a negative Spurling's maneuver. Examination of the bilateral shoulders reveals tenderness to palpation over the anterior aspect of the shoulder. There is a

negative drop arm test and positive Hawkins' test bilaterally. Examination of the lumbar spine reveals range of motion to forward flexion is 80 degrees and extension is 10 degrees. Rotation and side bending are limited, according to physician's documentation. Inspection of the lumbar spine was without asymmetry or scoliosis. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is a positive lumbar facet loading maneuver bilaterally. Examination of the bilateral knees reveals bony deformity, edema, and crepitus. There is tenderness to palpation over the medial joint line and the infrapatellar region. On sensory exam, there is diminished sensation to the right L5 dermatomes of the lower extremities. Diagnoses for the patient are lumbosacral spondylosis without myelopathy, cervicalgia, displacement of lumbar intervertebral disc without myelopathy, unspecified internal derangement of the knee, and sciatica. Medications listed for the patient are diclofenac extended release 100 mg by mouth once daily, Norco 10/325 one by mouth as needed every 4 hours to 6 hours, diazepam 5 mg once a day, and Ambien 10 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC PHYSIOTHERAPY TWO TIMES A WEEK FOR 5 WEEKS FOR TOTAL OF 10 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION NECK AND UPPER BACK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The decision for CHIROPRACTIC PHYSIOTHERAPY TWO TIMES A WEEK FOR 5 WEEKS FOR TOTAL OF 10 VISITS is non-certified. The California MTUS Guidelines indicate that they recommend chiropractic therapy for the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains. For the low back, a trial of 6 visits over 2 weeks, and with objective functional improvement noted, a total of 18 visits over 6 weeks to 8 weeks. For elective maintenance care, it is not medically necessary. The documentation provided for review was dated 08/27/2013 which noted the physician recommended continued chiropractic physiotherapy as this has been significantly helpful in reducing the employee's symptomatology. However, there was no documentation from the chiropractic physiotherapist regarding progression towards goals, how many sessions had been attended and its efficacy. Due to the lack of objective improvement from prior therapy sessions and lack of information regarding the number of visits attended, the request does not meet the guidelines set forth by the California MTUS. Therefore, the request is non-certified.

HYALGAN INJECTIONS #5 FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION KNEE & LEG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, HYALURONIC ACID INJECTIONS

Decision rationale: The decision for HYALGAN INJECTIONS #5 FOR THE RIGHT KNEE is non-certified. The Official Disability Guidelines recommend Hyalgan injections for severe arthritis in patients who have not responded adequately to recommended conservative treatments, such as exercise, NSAIDs, or acetaminophen to potentially delay knee replacement, but recent quality studies of the magnitude of improvement appear modest at best. In the documentation provided for review dated 08/27/2013, the physician noted that the examination noted deformity, edema, and crepitus to bilateral knees. There was tenderness to palpation over the medial joint line and the infrapatellar region. The injured worker was noted to have a negative anterior drawer test, negative posterior drawer test, negative varus/valgus instability test, and negative McMurray's test. The criteria that need to be met for the hyaluronic acid injections are patients' experience of significant symptomatic osteoarthritis but do not respond adequately to recommended conservative non-pharmacologic or pharmacologic treatments, or are intolerant to those therapies after at least 3 months, documented symptomatic severe osteoarthritis of the knee, which may include bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium if over the age of 50, pain interferes with functional activity such as ambulating and prolonged standing, and not attributed to other forms of joint disease. The documentation provided for review noted that the injured worker was able to ambulate with a normal gait pattern and able to independently transfer on and off the exam table and sit comfortably. There was a lack of imaging confirming severe osteoarthritis and lack of imaging indicating the injured worker was experiencing symptoms that affected activities of daily living. Therefore, the documentation provided for review does not meet the criteria set forth by the Official Disability Guidelines. The request for the injections is non-certified.