

<b>Case Number:</b>	CM13-0027508		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Pain Management and Physical Medicine and Rehabilitation, has a subspecialty Certificate in Interventional Spine, 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 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 68-year-old female with an injury date of 05/14/2012. The requesting physician's reports are handwritten. The 08/27/2013 report states that the patient's sternal pain is improving slowly and indicates the patient has left knee pain and left knee decreased range of motion with muscle strength at 4/5. Listed diagnoses are left knee pain, depression, and sternum fracture. The 06/11/2013 report notes the patient was feeling better. Her sternal pain improved as well as her left knee pain, but she was still complaining of 2/10 to 3/10 pain in the chest. It was noted that activities aggravate her symptoms and that the patient is doing some quad stretches at home, currently taking less medications, and off of work. Listed diagnoses are sternal fracture, left knee chondromalacia, and depression. The physician is requesting authorization for MRI of the sternum, psychological consultation, physical therapy, and Synvisc injection of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc Injections to the left knee:** 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 on the Knee - Viscosupplementation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on Synvisc for knee.

**Decision rationale:** This patient presents with chronic persistent left knee pain, but recent reports by the treating physician state that the patient's symptoms are improving, with pain diminished to 2/10 to 3/10 in intensity. These are documented in the 05/07/2013 report and the 06/11/2013 report by the requesting physician. Of the 157 pages of reports included for review, I did not see any radiographic findings or reference to the knee. There was no documentation from the treater that this patient has significant arthritis of the left knee. The patient has a diagnosis of chondromalacia, but a chondromalacia condition is different from an osteoarthritic condition. MTUS and ACOEM Guidelines do not discuss Synvisc injection. However, ODG guidelines state that Synvisc injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Since this patient does not present with "severe osteoarthritis," the recommendation is for denial.

**Physical Therapy, 3 x 4 (12 sessions total),:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with sternal pain and left knee pain. The treating physician has requested physical therapy. However, for this type of condition (myalgia, myositis, or neuritis/radiculitis -type pain) MTUS Guidelines allow up to 10 sessions with fading of treatment frequency. The current request for 12 sessions exceeds what is allowed per MTUS Guidelines. Furthermore, it should be noted that the patient's condition is improving with pain down to 2/10 to 3/10, taking less medications per the requesting physician's report dated 06/11/2013. The treating physician does not explain what physical therapy is going to accomplish at this juncture. The patient seems to be making progress towards treatment objectives of return to work and reduced pain. The recommendation is for denial.

**MRI of the sternum:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Radiology (ACR) appropriateness criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** This patient has persistent sternal pain following sternal fracture from industrial injury. The treating physician has repeatedly asked for MRI of the sternum in his monthly reports. A complete record of the patient's reports since the date of injury is not

available; however, the utilization review from 08/28/2013 makes reference to a CT scan of the sternum that was obtained. It also curiously mentions that the MRI of the sternum was previously authorized. There are no discussions regarding the patient's sternal pain other than that pain is improved, with intensity of pain down to 2/10 to 3/10 and the patient taking less medication per the 06/11/2013 report. When discussing MRI, which is a specialized study, ACOEM Guidelines state that MRI is indicated in the cases of: 1) the emergence of a red flag; 2) physiologic evidence of tissue insult or neurologic dysfunction; 3) failure to make progress in strengthening intended to avoid surgery; or 4) the classification of anatomy prior to an invasive procedure. In this patient, the treating physician does not delineate what is to be gained by obtaining an MRI of the sternum. The patient's symptoms are improving. The patient had CT scan surrounding the time of the injury demonstrating a fracture. It would appear that the fracture has healed by now. Recommendation is for denial.

**Psyche Consult:** 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 Section on Psychological treatment Page(s): 101-102.

**Decision rationale:** This patient presents with chronic and persistent pain in the sternum and the left knee. However, the patient's symptoms are improving, with diminished intensity of pain, per the 06/11/2013 report. The patient's improving sternal pain is also documented on the 10/29/2013 handwritten report, with the patient slowly increasing activities. The request is for a psychological consultation, but none of the reports reviewed from 03/05/2013 to 10/29/2013 discuss patient's psychological status such as depression and anxiety or other issues. The treater is simply asking for psychological consultation without explaining what this is for. MTUS Guidelines state that psychological treatments are recommended for appropriately identified patients during the treatment of chronic pain. This patient has not been appropriately identified. The treating physician does not describe the patient's psychological state, such as depression, anxiety or any psychological sequelae of chronic pain. Furthermore, the patient's condition appears to be improving, with pain level down to 2/10 to 3/10, taking less medication, and staying more active. However, the treating physician continued to keep the patient at temporary total disability and has not released the patient back to work. Based on the treating physician's reports, there does not appear to be a need for psychological evaluation or treatments, as psychological issues are not documented at all. Recommendation is for denial.