

Case Number:	CM14-0003651		
Date Assigned:	02/03/2014	Date of Injury:	01/27/2004
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty 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 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:

Per handwritten progress report 11/05/2013, listed diagnoses include myofascial pain in lumbar spine, status post laminectomy, left knee arthroscopy/right knee arthroscopy, multilevel disk protrusion, medial meniscal tear of the left knee, osteoarthritis of the bilateral knees. The treatment plan was for additional pool therapy since the patient experienced functional improvement from pool therapy once per week. Presenting symptoms are low back pain moderate radiation in bilateral legs, bilateral knee pain moderate with radiation. These are check marks on the progress report. Other subjective complaint is left greater than right. Report by [REDACTED] 09/24/2013, under treatment plan, recommends a course of pool therapy once a week for 4 weeks, capsaicin cream, and Synvisc-One injection to the left knee. Patient's objective complaint is moderate pain in the low back as well as moderate pain in his bilateral knees, left greater than right, and this report indicates "therapy is not helping." 08/20/2013 report by [REDACTED] has patient's persistent symptoms and "therapy is helping." Recommendation was for pool therapy once a week for 4 weeks. 07/23/2013 report by [REDACTED] indicates "therapy is helping," no improvement in his bilateral knees but some improvement in the low back. This report recommends a course of pool therapy, urine toxicology, and Ketoflex analgesic cream. 06/25/2013 report by [REDACTED] has therapy helping low back but not bilateral knees, and the recommendation is for weight-bearing x-rays of the knees and MRI of the lumbar spine. The request for pool therapy and Synvisc injection was denied by utilization review letter dated 12/18/2013, and the rationale was that the x-ray imaging studies were not submitted showing osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTION TO LEFT KNEE SERIES OF THREE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Knee And Leg Procedure Summary, Last Updated 06/07/2013.

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

Decision rationale: This patient presents with bilateral knee pains with list of diagnoses that include prior meniscectomy and osteoarthritis of the knees. The request is for Synvisc injection times 3. ODG Guidelines do support series of no more than 3 Synvisc injections for osteoarthritic knees. In this case, although the treating physician has not submitted x-ray results, the patient has had knee surgery, patient is 60 years old, listed of diagnoses include osteoarthritis. It would be reasonable for the patient to try series of Synvisc injection times 3. Recommendation is for authorization. The Synvisc Injection to the Left knee, series of three, is medially necessary.

AQUATIC THERAPY ONE TIMES FOR FOUR WEEKS LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, updated 6/7/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Therapy, Page(s): 22, 98, 99, and 8. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

Decision rationale: This patient presents with chronic bilateral knee pain and low back pain. The request is for aquatic therapy 4 sessions once a week to address the knees. Review of the multiple reports from 2013 shows that patient was apparently receiving some kind of therapy. Two of the reports from 07/23/2013 and 08/20/2013 indicate that therapy is helping the low back but not the knees. Report from 09/24/2013 states therapy is not helping. Per treating physician's report 11/05/2013, the request is for 4 sessions of aquatic therapy. MTUS Guidelines do allow for aquatic therapy when weightbearing is contraindicated or in case of extreme obesity. In this case, a trial of aquatic therapy for bilateral knee conditions may be reasonable, but it would appear from the report that the patient has had adequate physical therapy as each of the progress reports for several months mentioned that the therapy has been helping, and in some cases, therapy is not helping. The treating physician does not keep a very good record of what the patient is receiving and with what response other than stating that it is helping or not helping. The request for additional aquatic therapy does not come with any rationale other than the state

that the patient has had therapies that have helped. For number of treatments, MTUS Guidelines allow 8 to 10 sessions for myalgia, myositis type of condition that this patient suffers from. Without therapy notes and without progress reports discussing treatment history, it is not known what kind of treatment this patient has had. MTUS Guidelines page 8 require that the treating physician monitor patient's progress to make appropriate recommendations for treatments. Furthermore, the treating physician does not discuss patient's home exercise program and does not explain why the patient is not able to carry out exercise program at home. Recommendation is for denial. The Aquatic Therapy is not medically necessary.

AQUATIC THERAPY ONE TIMES FOR FOUR WEEKS RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary, updated 6/7/2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, page 22 and Physical Therapy, pages 98 and 99, also page 8. Page(s): 22, 98, 99.

Decision rationale: This patient presents with chronic bilateral knee pain and low back pain. The request is for aquatic therapy 4 sessions once a week to address the knees. Review of the multiple reports from 2013 shows that patient was apparently receiving some kind of therapy. Two of the reports from 07/23/2013 and 08/20/2013 indicate that therapy is helping the low back but not the knees. Report from 09/24/2013 states therapy is not helping. Per treating physician's report 11/05/2013, the request is for 4 sessions of aquatic therapy. MTUS Guidelines do allow for aquatic therapy when weightbearing is contraindicated or in case of extreme obesity. In this case, a trial of aquatic therapy for bilateral knee conditions may be reasonable, but it would appear from the report that the patient has had adequate physical therapy as each of the progress reports for several months mentioned that the therapy has been helping, and in some cases, therapy is not helping. The treating physician does not keep a very good record of what the patient is receiving and with what response other than stating that it is helping or not helping. The request for additional aquatic therapy does not come with any rationale other than the state that the patient has had therapies that have helped. For number of treatments, MTUS Guidelines allow 8 to 10 sessions for myalgia, myositis type of condition that this patient suffers from. Without therapy notes and without progress reports discussing treatment history, it is not known what kind of treatment this patient has had. MTUS Guidelines page 8 require that the treating physician monitor patient's progress to make appropriate recommendations for treatments. Furthermore, the treating physician does not discuss patient's home exercise program and does not explain why the patient is not able to carry out exercise program at home. Recommendation is for denial. The Aquatic Therapy is not medically necessary.