MAXIMUS Federal Services

Case Number:	CM14-0108765		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2008
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Texas and Ohio. 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 55-year-old female who reported an injury on 04/18/2008 reportedly who fell while walking down a hill at work. She injured her left upper arm, neck, and spinal cord. The injured worker's treatment history included medications, psychiatric consultation and treatment, CT scan, physical therapy, x-rays, MRI, acupuncture, and medications. Per the documentation submitted, the injured worker had undergone an Orthovisc injection to the left knee in March and had improvement. The injured worker was evaluated on 06/16/2014 and it was documented the injured worker complained of LBP for no reason. Her pain is with and without activity. Objective findings: she had a normal gait and arm swing without assistive devices. Tenderness to palpation lumbar spine with 5/5 LE strength, mild effusion of the left knee, tenderness to palpation of the patellofemoral region. Diagnoses included sprain neck, sprain lumbar region, and sprain shoulder/arm neck. The documentation submitted failed to indicate the outcome measurements Orthovisc injection in March to her left knee. The request for authorization dated 06/19/2014 was for physical therapy for the lumbar spine and an Orthovisc injection of the left knee; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to lumbar spine for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation,Chronic Pain Treatment Guidelines Physical

Medicine; Functional improvement measures Page(s): 98-99, 48. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic), Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99-100.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked outcome measurements of prior physical therapy sessions and home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. Given the above, the request for physical therapy to lumbar spine for 8 sessions is not medically necessary.

Orthovisc injection to left knee, quantity 3: 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) Knee & Leg (1/21/10); McKesson Interqual Clinical Evidence Summary, Osteoarthritis, Knee, page 3.

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 requested is not medically necessary. The Official Disability Guidelines (ODG) recommend Synvisc as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or Acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of the hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. The diagnoses of the injured worker included sprain neck, sprain lumbar region, and sprain shoulder/Arm. The provider failed to indicate the injured worker being diagnosed with knee pain. There were lack outcome measurements of previous conservative care measures. In addition, that injured worker had received 1 injection in March; however the provider failed to indicate longevity and functional improvement for the injured worker. Given the above, the request for Orthovisc injection to left knee, QTY: 3 are not medically necessary.