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| Case Number: | CM14-0011557 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 09/18/2008 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and knee pain reportedly associated with an industrial injury of September 18, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated January 8, 2014, the claims administrator denied a request for a gym membership and hyaluronic injections, citing non-MTUS ODG Guidelines. The claims administrator's rationale comprised almost entirely of cited guidelines. The overall rationale was quite sparse. The claims administrator simply quoted the guidelines, then stated that the applicant did not meet said guidelines, and denied the request. The applicant's attorney subsequently appealed. In a November 21, 2013 progress note, the applicant presented with persistent complaints of low back, bilateral knee, and right shoulder pain. The applicant was status post a recent epidural steroid injection, it was noted, and was also status post thyroidectomy, it is further noted. The applicant apparently presents 5/5 knee strength. The attending provider stated that the applicant had bilateral knee arthritis versus chondromalacia and stated that he was therefore pursuing bilateral knee viscosupplementation injections. Seated stationary bicycle was also sought in lieu of formal physical therapy. The attending provider did not, however, detail what findings had led him to believe that the applicant carried a diagnosis of knee arthritis and/or knee chondromalacia. The applicant was given knee supports, Prilosec, and Norco. A 24-pound lifting limitation was endorsed. It was not clear whether the applicant was working or not. On January 16, 2014, the applicant again presented with persistent complaints of bilateral knee pain. The applicant did exhibit an antalgic gait. The applicant

exhibited diagnosis of bilateral knee internal derangement. A knee corticosteroid injection was performed under ultrasound guidance. Norco and Prilosec were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

EUFLEXXA INJECTIONS TO BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CRITERIA FOR HYALURONIC ACID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Injection section.

Decision rationale: The MTUS does not address the topic. While the third edition ACOEM Guidelines does support viscosupplementation (Euflexxa) injections to treat moderate-to-severe knee osteoarthritis, in this case, however, there is no clear or compelling evidence of bilateral knee osteoarthritis, either clinical or radiographic, which would support pursuit of the viscosupplementation injections in question. The attending provider did not state how this diagnosis was arrived upon, nor did the attending provider recount what treatment or treatments had transpired before the viscosupplementation injections in question were sought. Therefore, the request is not medically necessary and appropriate.

SEATED STATIONARY BICYCLE TO BE USED IN PLACE OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The stationary bike being sought by the attending provider, thus, per ACOEM, is a matter of applicant responsibility as opposed to a matter of payor responsibility. Accordingly, the request is not medically necessary.