MAXIMUS Federal Services

Case Number:	CM14-0018623		
Date Assigned:	04/18/2014	Date of Injury:	07/24/2002
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

According to the records made available for review, this is a 64-year-old female with a 7/24/02 date of injury. At the time (1/17/14) of the Decision for Synvisc injections (right knee), acupuncture with electrical stimulation 2 times a week for 6 weeks (cervical/lumbar spine), and computerized range of motion and strength studies, there is documentation of subjective (neck, shoulder, headaches, bilateral wrists, low back, and bilateral knee pain, worse on the right) and objective (right knee prepatellar bursitis with swelling, positive McMurray's and patellofemoral crepitus) findings, current diagnoses (bilateral knee arthrosis, cervical discopathy with sprain/strain, subclinical bilateral CTS, lumbosacral sprain/strain with multilevel discopathy and spondylolisthesis L3-4, and cervical discopathy with sprain/strain), and treatment to date (medication and psychotherapy). Regarding Synvisc injections (right knee), there is no documentation that osteoarthritis has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Regarding acupuncture with electrical stimulation 2 times a week for 6 weeks (cervical/lumbar spine), there is no documentation that pain medication is reduced or not tolerated, acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, or reduce muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTIONS (RIGHT KNEE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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: MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of viscosupplementation injections. Within the medical information available for review, there is documentation of diagnoses of bilateral knee arthrosis. In addition, there is documentation of significantly symptomatic osteoarthritis. However, there is no documentation that osteoarthritis has not responded adequately to standard nonpharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for Synvisc injections (right knee) is not medically necessary.

ACUPUNCTURE WITH ELECTRICAL STIMULATION 2 TIMES A WEEK FOR 6 WEEKS (CERVICAL/LUMBAR SPINE): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy with sprain/strain, lumbosacral sprain/strain with multilevel discopathy and spondylolisthesis L3-4, and cervical discopathy with sprain/strain. However, there is no documentation that pain medication is reduced or not

tolerated, acupuncture will be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, or reduce muscle spasm. Therefore, based on guidelines and a review of the evidence, the request for acupuncture with electrical stimulation 2 times a week for 6 weeks (cervical/lumbar spine) is not medically necessary.

COMPUTERIZED RANGE OF MOTION AND STRENGTH STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Computerized Range of Motion (ROM).

Decision rationale: MTUS does not address the issue. ODG identifies that computerized range of motion (ROM)/flexibility is not recommended as primary criteria and that the relation between back range of motion measures and functional ability is weak or nonexistent. Therefore, based on guidelines and a review of the evidence, the request for computerized range of motion and strength studies is not medically necessary.