MAXIMUS Federal Services

Case Number:	CM14-0019878		
Date Assigned:	04/28/2014	Date of Injury:	03/19/2008
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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. 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 50-year-old female who reported an injury on 03/19/2008 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, shoulders, back, and knees. The injured worker's treatment history included multiple medications, physical therapy, and injection therapy. The injured worker underwent an MRI of the left knee dated 06/26/2013 that documented there was pes anserine bursitis and mild effusion. The injured worker was evaluated on 10/16/2013 and it was documented that the injured worker had participated in 12 visits of chiropractic and physiotherapy. The injured worker was evaluated on 02/07/2014. Physical findings included restricted range of motion of the left knee described as 0 to 130 degrees with a painful patellofemoral crepitus, 4+/5 quadriceps and hamstring strength. The injured worker's diagnoses included cervical spondylosis and herniated discs, thoracic outlet syndrome of the right side, thoracic spine musculoligamentous sprain/strain, disc herniation of the lumbar spine, and left knee pes anserine and musculoligamentous sprain/strain/internal derangement. The injured worker's treatment plan included 12 sessions of physical therapy for the left knee, physical therapy and acupuncture for the upper extremities and low back, epidural steroid injections and 3 Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE ORTHOVISC VISCOELASTIC INJECTIONS FOR 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), Knee And Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee And Leg Chapter, Hyaluronic Acid Injections Section.

Decision rationale: The requested 3 orthovisc viscoelastic injections for the left knee are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend hyaluronic acid injections for injured workers who have severe osteoarthritis related pain and significant functional limitations upon physical examination that are supported by an imaging study indicating moderate to severe osteoarthritis of the joint. The clinical documentation submitted for review does not provide significant deficits that would support the diagnosis of severe osteoarthritis. Additionally, the imaging study submitted for review does not support that the injured worker has signs of moderate to severe osteoarthritis of the knee. Therefore, hyaluronic acid injections would not be supported at this time. As such, the requested 3 Orthovisc viscoelastic injections of the left knee are not medically necessary or appropriate.

TWELVE PHYSICAL THERAPY SESSIONS FOR THE LEFT KNEE, THORACIC SPINE AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The requested 12 physical therapy sessions for the left knee, thoracic spine, and low back are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the injured worker has recently completed a course of 12 visits of physical therapy. The injured worker should be well versed in a home exercise program. There are no factors noted to exclude further progress of the patient while participating in a home exercise program. As such, the requested 12 physical therapy sessions for the left knee, thoracic spine, and low back, are not medically necessary or appropriate.

CONSULTATION AND TREATMENT WITH A NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute For Clinical Systems Improvement (Icsi); 2013 Jan., Diagnosis And Treatment Of Headache. Page 90.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested consultation and treatment with a neurologist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referral to a specialist when the treating provider has exhausted all resources within his scope of practice to manage an injured worker's condition. The clinical documentation submitted for review does not provide any evidence that the treating physician has exhausted all resources to manage the injured worker's chronic pain. There is no documentation of how a referral to a neurologist will specifically contribute to the injured worker's treatment plan. As such, the requested consultation treatment with a neurologist is not medically necessary or appropriate.