

<b>Case Number:</b>	CM14-0133382		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 65-year-old individual was reportedly injured on August 30, 2011. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated September 12, 2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated an altered gait pattern, tenderness to palpation of the anterior aspect of both knees, and a decreased range of motion and patellofemoral crepitus. Deep tendon reflexes were noted to be decreased. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy, injection therapy, and pain management interventions. A request had been made for functional capacity evaluation, orthopedic consultation, x-ray of the bilateral knees, medication, physical therapy evaluation and TX x 12 visits, inferential unit, hot and cold unit, and injections to the bilateral knees and was not certified in the pre-authorization process on August 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Performance FCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic) (updated 06/05/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** When noting the date of injury, the age of the injured employee, the findings on physical examination and the parameters outlined in the MTUS, there is no clear clinical indication presented to establish the functional capacities of this individual. The pathology is up and completely objectified and is not clearly indicated if it has been thoroughly treated. As such, at this time, this is to be premature and is not medically necessary.

**Consult with Orthopedic Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

**Decision rationale:** As outlined in the MTUS, a consultation is sought if the diagnosis is uncertain or truly complex. The diagnosis here is easily established as a contusion and associated comorbidities of osteoarthritis. Therefore, there is no clinical indication presented for the need for orthopedic consultation. This is not medically necessary.

**X - ray bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation CA MTUS ACOEM Practice Guidelines, 2nd Edition (2004) Chapter - 7 Independent Medical Examinations and Consultations page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** The records reflect that plain film 7 was obtained and degenerative changes were noted. As such, there is no clear clinical indication of a repeat injury or symptomatology, and there is no need for repeat plain films. Therefore, based on the clinical information noted in the progress notes reviewed, this is not medically necessary.

**Flurflex 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical nonsteroidal an.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no objectification of a neuropathic pain lesion. The only pathology identified is nociceptive in nature. As such, this request is not considered medically necessary.

**TGHot 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127..

**Decision rationale:** MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary

**PT eval and Tx (x12) visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;. Decision based on Non-MTUS Citation Official Disability Guidelines; Section; Knee & Leg (Acute & Chronic) (updated 06/05/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

**Decision rationale:** As noted in the ACOEM guidelines, instruction in home exercise protocol, except in cases of significant injury, is all that would be necessary. Given the reported mechanism of injury, noting the findings identified on physical examination and by the parameters outlined, the MTUS would support a home exercise protocol. Accordingly, this is not medically necessary.

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

**Decision rationale:** MTUS guidelines do not support interferential therapy as an isolated intervention. Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review, of the available medical records, fails to document any of the criteria required for an IF unit one-month trial. Furthermore, there is no return to work plan outlined. As such, this request is not medically necessary.

**Hot & cold unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

**Decision rationale:** As outlined in the ACOEM guidelines, applications of heat and cold are indicated in the 1st few days after the injury. There is no data presented to suggest that such preparations are needed this far out. Furthermore, there are many forms of heat therapy that are applicable, and this type of device is not warranted. The medical necessity has not been established.

**Synvisc Injection 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; Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** As outlined in the ACOEM guidelines, such injections (viscosupplementation) are indicated for osteoarthritis that is not satisfactorily treated with non-steroidal medications. Based on the limited progress notes presented for review, there is no clear clinical indication of what elements have been pursued to address the ordinary disease of life chondromalacia and osteoarthritis. Therefore, noting the mechanism of injury, and the lack of clinical data support what treatment has or has not been successful, there is no clinical indication or medical necessity for this injection protocol.

**ECSWT Bilateral Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table - 2, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Section Fitness for Duty (updated 03/26/2013) Official Disability Guidelines; Section Knee & Leg (updated 06/05/2014)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter, updated August 2014

**Decision rationale:** It is noted that this intervention is not addressed in the MTUS or the ACOEM guidelines. The parameters noted in the ODG were used. The only indication for this type of intervention is calcific tendinitis of the shoulder. In that, this is not an applicable diagnosis in this case. There is no clinical data presented to support the medical necessity of this type of intervention.