

Case Number:	CM14-0133751		
Date Assigned:	08/25/2014	Date of Injury:	04/16/2004
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation 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 injured worker is a 63-year-old female with a reported date of injury on 04/16/2004. The injured reportedly occurred when the injured worker slipped, fell and landed face first onto an overhead projector that was on the floor. Her diagnoses were noted to include right shoulder impingement/bursitis, left shoulder impingement/bursitis, right knee osteoarthritis, left knee medial meniscus tear, and left knee osteoarthritis. Her previous treatments were noted to include physical therapy, Orthovisc injection, home exercise program, surgery, medications, and acupuncture. The progress note dated 05/19/2014 revealed complaints of knee pain, hand and wrist pain, elbow pain and shoulder pain. The injured worker indicated she has had pain in the bilateral knees since her injury. The injured worker indicated her neck pain was the worst and that her fourth neck surgery was in 2013. The injured worker indicated her right shoulder pain was worse than the left and she had difficulty lifting her arm away from her body. She rated her pain 5/10 for her left shoulder and 5/10 for the right shoulder. The injured worker reported hand pain rated 2/10 to 4/10. The injured worker reported bilateral knee pain rated 6/10 to the left and 5/10 to the right. The injured worker indicated she had difficulty walking up and down the stairs due to knee pain. The physical examination of the right knee revealed decreased range of motion with tenderness to palpation on the knee there was pain with range of motion. The joint was stable and tracked well with range of motion and there was no instability with the manipulation or weight bearing. There was a negative patellar grind, negative McMurray's and negative Apley's. The strength was rated 5/5 and there was normal sensation and deep tendon reflexes. The left knee revealed decreased range of motion and tenderness to palpation to the knee. The joint was stable and tracked well with range of motion with no instability with manipulation or weight bearing. There was negative patellar grind, McMurray's and Apley's. Full strength was rated 5/5 and a normal sensation and deep tendon reflexes were noted. The progress note dated

06/05/2014 revealed complaints of pain to the shoulder, elbow, feet, and hand and wrist. The injured worker indicated she had knee pains since her injury in 2004. The injured worker indicated her neck pain was the worst and her shoulder pain was worst on the left than the right. The injured worker indicated her first Orthovisc injection was given 05/19/2014 and the second was for 05/27/2014. The injured worker indicated she had been doing well until the Friday before the appointment and felt a pulling sensation in her knee. She indicated she was there for her third injection and rated her knee pain 5/10 on the left and 3/10 to 4/10 on the right. The injured worker indicated that right knee pain had increased since it was bearing all of the weight. The physical examination of the right knee revealed pain with range of motion and no instability noted. There was negative patellar grind, McMurray's, and Lachman's. The right knee was noted to have full strength rated 5/5 and normal sensation in deep tendon reflexes. The physical examination of left knee revealed pain with range of motion and no instability noted. There was negative patellar grind, McMurray's, and Lachman's. The left knee motor strength was rated 5/5 with normal sensation and deep tendon reflexes. The progress note dated 07/07/2014 revealed complaints of neck, mid back, low back, and left knee pain rated 7/10. The injured worker indicated her back went out yesterday and she had been able to increase to her activity level prior to this. The injured worker indicated she had experienced frequent spasms to her low back that was accompanied by stabbing pain. The injured worker had had 18 sessions of postoperative physical therapy and had requested more sessions. The physical examination revealed tenderness to palpation in the lower lumbar paraspinus regions bilaterally and a decreased range of motion limited by pain. There was pain with facet loading of the lumbar spine and decreased sensation in the bilateral C6 dermatomes. Sensation was decreased in the left L5 and S1 dermatomes. The progress note dated 07/23/2014 revealed the injured worker complained of right foot pain. The injured worker indicated she had received an injection to the right foot on a prior visit and recorded the pain was gradually returning. The physical examination revealed palpable pulses and intact sensation. There was a positive to the tibial nerve bilaterally with decreased sharp sensation. The Request for Authorization form dated 07/07/2014 was for physical therapy 8 sessions to the mid and low back for pain, a weight loss program, and Ondansetron 4 mg; however, the provider's rationale was not submitted within the medical records. The Request for Authorization form dated 04/02/2014 was for left knee Orthovisc series and orthopedic visit following Orthovisc injections for the knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions to mid 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 injured worker has received previous physical therapy to her neck. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can only be a discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities so this signifies this. The

guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits to warrant physical therapy. There is a lack of documentation regarding previous physical therapy to the mid and low back. Therefore, the request is not medically necessary.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Am Diet Assoc. 2007 Oct; 107(10):1755-67

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lawrence J. Appel, M.D.(2011), Comparative Effectiveness of Weight- Loss Interventions in Clinical Practice. The New England Journal of Medicine, 365(21), pages 1959.

Decision rationale: The injured worker complains of neck, back, and knee pain. In a study authored by Appel, et al., it was noted, "In two behavioral interventions, one delivered with in-person support and the other delivered remotely, without face-to-face contact between participants and weight-loss coaches, obese patients achieved and sustained clinically significant weight loss over a period of 24 months." But there is a lack of documentation regarding the injured worker's BMI and how much weight she has gained since her injury. Additionally, the request failed to provide the frequency, duration, and type of program requested. Therefore, the request is not medically necessary.

Ondansetron 4 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Ondansetron

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Pain, Antiemetic.

Decision rationale: The injured worker has been utilizing this medication. The Official Disability Guidelines do not recommend Antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. The guidelines state Ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. There is a lack of documentation regarding nausea and vomiting to necessitate Ondansetron. Additionally, the request failed to provide the frequency which this medication is to utilize. Therefore, the request is not medically necessary.

Orthovisc series injection to lift 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 & Leg, Hyaluronic acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, Hyaluronic Acid

Injection.

Decision rationale: The injured worker has had previous 3 sessions of Orthovisc injections to the left knee. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions including patellofermoral arthritis, chondromalacia patella, osteochondritis dissecans, or patellofermoral syndrome. The guidelines criteria for hyaluronic acid injections as patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatment or intolerant to these therapies after at least 3 months. There must be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium, and over 50 years of age. The guidelines criteria state pain must interfere with functional activities and not attributed to other forms of joint disease, failure to adequately respond to aspiration injection of intra-articular steroids. The injections are generally performed without fluoroscopic or ultrasound guidance. The injured worker must not be a candidate for total knee replacement or have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. The repeat series of injections if documented significant improvement in symptoms for 6 months or more, and symptoms recur, it may be reasonable to do another series. No maximum established by high quality scientific evidence. The injured worker has received 3 hyaluronic acid injections and a repeat series of injections is not appropriate at this time. There is lack of documentation regarding symptomatic severe osteoarthritis such as bony tenderness, bony enlargement, and crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of the synovium. Therefore, due to the lack of clinical finding consistent with severe osteoarthritis an orthovisc series injection to the knee is not appropriate at this time. Additionally, the request failed to provide which knee the injection is to be injected. Therefore, the request is not medically necessary.

Orthopedic visit following Orthovisc injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.