

Case Number:	CM14-0152817		
Date Assigned:	09/23/2014	Date of Injury:	08/16/2011
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/18/2014

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 patient is a 62-year-old male who has submitted a claim for discogenic condition with 3-level disc disease and radicular components; impingement syndrome and bicipital tendonitis; carpal tunnel syndrome; lumbar sprain; right hip arthritis and right and left knee internal derangement associated with an industrial injury date of August 16, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck, right hip, and both knees. He also has popping and click in the wrists, fingers and bilateral knees and numbness and tingling in both wrists, hands, right hip and knees. Physical examination showed neck flexion of 25 degrees and extension of 20 degrees, right UE abduction of 120 degrees, right wrist flexion of 20 degrees and extension of 15 degrees, left wrist flexion of 30 degrees and extension of 20 degrees, bilateral lower extremity extension of 175 degrees and flexion of 110 degrees, lumbar flexion of 40 degrees and extension of 20 degrees and presence of crepitation. An MRI of the right knee on October 16, 2013 demonstrated ACL Injury. An MRI of the right hip on the same day revealed degenerative arthritis. An MRI of the neck showed three-level disc disease. Treatment to date has included medications, physical therapy, cortisone injections to the right shoulder, myofascial release therapy, a work conditioning program, acupuncture therapy and knee and wrist braces. Utilization review from August 20, 2014 denied the request for Carpal Tunnel Steroid Injection, Right hip steroid injection, Neck traction with air bladder, Donjoy weight unloading braces, Hyalgan injection and Consult with PM&R. The request for carpal tunnels steroid injection was denied because there was an absence of a recent course of failed conservative treatment. Right hip steroid injection because the guidelines do not strongly support it. The request for PM&R was denied because the patient was referred to "address his neck" but the progress notes do not appear to contain any significant findings pertaining to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal Tunnel Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Injections

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Official Disability Guidelines (ODG) was used instead. The ODG recommended a single injection as an option in conservative treatment for carpal tunnel steroid syndrome. Corticosteroid injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Therapy decisions should branch based on mild versus severe. Carpal tunnel syndrome may be treated initially with a night splint and medications before injection is considered, except in the case of severe carpal tunnel syndrome (thenar muscle atrophy and constant paresthesias in the median innervated digits). In this case, the injured worker presented with pain, numbness and tingling in the wrists and hands, which is supportive of carpal tunnel syndrome. However, physical examination from the available records does not support the diagnosis of carpal tunnel syndrome. There is no evidence of the use prior use of a night splint. Records show that the patient had used wrist braces for support but only as needed. Therefore, the request for carpal tunnel steroid injection is not medically necessary.

Right hip steroid injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Intra-articular steroid hip injection (IASHI)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Official Disability Guidelines (ODG) was used instead. The ODG does not recommended intra-articular steroid hip injection in early hip osteoarthritis (OA). Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. In this case, the patient presented with degenerative arthritis of the hip, which was confirmed by an MRI. The guidelines do not recommend the use of intra-articular steroid

injection to the hip. Therefore, the request for right hip steroid injection is not medically necessary.

Neck traction with air bladder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: According to page 173 of the ACOEM Practice Guidelines referenced by CA MTUS, there is no high-grade scientific evidence to support the effectiveness of ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. In this case, a clear rationale was not provided regarding the use of a cervical traction unit. There is no clear indication for continued use of this device. There was also no mention how the patient will be monitored and if a trial will first be made. Finally, the request did not specify how long the device will be used or whether it is for rental or purchase. Therefore, the request for neck traction with air bladder is not medically necessary.

Donjoy weight unloading braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Braces

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, Knee Brace

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the patient complained of knee pain, which prompted knee brace request. However, there was no discussion of active participation by the patient in a rehabilitation program. The guidelines only support the use of knee brace when placing the knee under load. Moreover, the request failed to indicate the laterality of knee. Therefore, the request for Donjoy weight unloading braces is not medically necessary.

Hyalagan injection: 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 Chapter, Hyaluronic acid injection

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

Decision rationale: Hyalgan is hyaluronate. The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, Official Disability Guidelines (ODG) was used instead. Hyaluronate is recommended in patients who experience (a) significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies after at least 3 months; (b) has documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus on active motion; (c) No palpable warmth of synovium; (d) Over 50 years of age; (e) Failure to adequately respond to aspiration and injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae because its effectiveness has not been established. In this case, the patient is over 50 years of age, has no palpable warmth of synovium and has crepitation on the physical examination. However, there is no evidence that the patient have not responded adequately to recommended conservative treatment. There is also no evidence of a failure to adequately respond to aspiration and injection of intra-articular injections. The criteria for its use are not met. The request also did not mention where the injection will be made. Therefore, the request for Hyalgan injection is not medically necessary.

Consult with Physical Medicine & Rehabilitation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultation, page 127

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(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was referred to Physical Medicine & Rehabilitation (PM&R) to "address his neck." The patient presented with neck pain and an MRI revealed three-level disc disease. Based on the guidelines and the medical evidence a consult with PM&R is reasonable. Therefore, the request for consult with PM&R is medically necessary.