

Case Number:	CM14-0154854		
Date Assigned:	09/24/2014	Date of Injury:	02/17/2007
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Pain 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:

The injured worker is a 63 year-old female with a date of injury of February 17, 2007. The patient's industrially related diagnoses include cervical disc protrusion with left upper extremity radiculopathy, s/p anterior cervical discectomy and fusion C4-C7 on 11/5/2013, lumbosacral spondylosis, and left knee internal derangement lateral meniscal tear as well as femoral condylar arthritis, left elbow sprain, and possible left cubital tunnel syndrome. The disputed issues are a request for physical therapy two times a week for six weeks for the cervical spine, lumbar spine, left shoulder, and left knee and a request for Supartz injection series of three for the left knee. A utilization review determination on 9/8/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was: "There is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy." The stated rationale for the denial of Supartz injections was: "Documentation provided for review does not identify the patient as having a diagnosis of osteoarthritis of the knee that has not responded adequately to standard non-pharmacological and pharmacological treatments, including failure to adequately respond to aspiration and injection of intra-articular steroids."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the cervical spine, lumbar spine, left shoulder, and left knee: 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: In regard to the request for an additional 12 sessions of physical therapy for the cervical spine, lumbar spine, left shoulder, and left knee, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) has more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted documentation available for review, the treating physician indicates that the injured worker completed 12 sessions of physical therapy with 40-50% improvement. However, there is no documentation of specific objective functional improvement with the completed sessions. Furthermore, the treating physician does not address why the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional 12 sessions of physical therapy is not medically necessary.

Supartz injection series of three 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections

Decision rationale: In regard to the request for Supartz (sodium hyaluronate) injections to the left knee, the Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. The ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs, or acetaminophen. In the submitted documentation available for review, osteoarthritis of the left knee was confirmed by an x-ray done on 8/13/2014 that demonstrated tricompartmental osteoarthritis maximally at the lateral compartment with spur osteophyte formation and joint space narrowing. However, the treating physician did not document that the injured worker had failed conservative treatments including nonpharmacologic (e.g., exercise) and pharmacologic treatments. Furthermore there was no documentation that the injured worker is intolerant to these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). Based on the guidelines, the injured worker does not meet the criteria for Supartz injections and the request for Supartz injection series of three for the left knee is not medically necessary.

