

<b>Case Number:</b>	CM14-0157123		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 68-year-old male who reported an injury on 04/20/2009. The mechanism of injury was not included. The diagnoses included clinical left knee internal derangement, status post right knee total arthroscopy in 1999, and status post left knee arthroscopy unspecified. The past treatments have included physiotherapy, chiropractic treatment, acupuncture treatment, NSAIDs and pain medication, land based manipulative therapy, and corticosteroid injection to the left knee. The surgical history was not included other than as stated on the diagnoses. The progress note, dated 07/29/2014, noted the injured worker complained of increased pain to his lumbar spine, rated 8/10, since his last chiropractic adjustment; constant right hip pain, rated 5/10; constant right knee pain, rated 5/10; and constant, sharp, left knee pain, rated 8-9/10. The physical exam revealed the injured worker to be in no acute distress, 5 feet 10 inches tall, 273 pounds, with mildly antalgic gait. Site unspecified measurements of flexion were noted to 20/90 degrees and extension to 5/25 degrees, and further examination was noted to be deferred due to the intensity of the pain to the spine. The treatment plan included a request for aquatic therapy twice a week for 6 weeks for the bilateral knees, right hip, and lumbar spine due to the injured worker's intolerance of land based manipulative therapy; pain management consultation; MRI and x-ray of the left knee; and a series of 3 viscosupplementation injections to the left knee. It was also noted the injured worker had an excellent response to the corticosteroid injection performed in April with a 2.5- 3 week period without pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Viscos Supplemental Injection x 3 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), Criteria for Hyaluronic Acid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

**Decision rationale:** The injured worker had left knee pain, rated 8-9/10 which was constant and sharp. He had right knee pain, rated 5/10, which was constant and achy. He had right hip pain, rated 5/10, which was constant and sore. There was a lack of objective information provided. The Official Disability guidelines state, hyaluronic acid, or viscosupplemental injections are recommended as a possible option for severe osteoarthritis only, and may be used to potentially delay total knee replacement for younger patients. The criteria for use include significantly symptomatic osteoarthritis which has not responded adequately to the recommended conservative treatments for at least 3 months, documentation of symptomatic severe osteoarthritis of the knee (which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age.) with pain that interferes with functional activities, and failure to adequately respond to injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indication. Recommendations include a series of three to five intra-articular injections of Hyaluronic acid (Hyalgan or Supartz), or just three injections of Hylan or Euflexxa, or three to four injections Orthovisc, or one of Synvisc-One hylan, in the target knee with an interval of one week between injections. There was no indication that the injured worker had osteoarthritis of the knee. There was no indication of bony enlargement, crepitus, or morning stiffness of the knees. There was no indication of interference with functional activities. There was no indication of failure to adequately respond to intra-articular steroid injections. Additionally, the specific injection to be performed was not provided in the request to establish medical necessity of 3 injections. Given the above, the use of a viscosupplemental injection is not indicated or supported at this time. Therefore, the request is not medically necessary.

### **Aqua Therapy 2 Times A Week for 6 Weeks of The Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 23; 98-99.

**Decision rationale:** The injured worker had lumbar spine pain, rated 8/10, described as constant and achy. He was reported to have had a negative response to chiropractic adjustment. The physician noted previous failure of conservative treatment, including physiotherapy, chiropractic,

and acupuncture treatment. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Physical medicine is intended to restore flexibility, strength, endurance, function and range of motion. The guidelines recommend 9 to 10 sessions of physical therapy over 8 weeks and a continuation of active therapy at home as an extension of the treatment process. An initial course of therapy, including half the number of visits in the general course, is recommended with a subsequent course of physical therapy within the parameters of the general course after documentation of functional improvement. There is a lack of documentation of functional limitations to the lumbar spine. It is not clear how much or when the injured worker had physical therapy involving the lumbar spine. There is no documentation of flare, or re-injury to warranting an additional course of therapy. The 12 sessions of aquatic therapy requested exceed the guideline recommendations for the initial and general course of physical therapy. Given the above, the request for 12 sessions of aquatic therapy of the lumbar spine is excessive and not supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.