

Case Number:	CM14-0160251		
Date Assigned:	10/31/2014	Date of Injury:	02/17/2007
Decision Date:	12/08/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

There were 120 pages provided for this review. The application for independent medical review was signed on September 19, 2014. The patient is a 62-year-old female injured in 2007. She had an MRI of the lumbar spine without contrast on August 28, 2011 which showed degenerative disease. There was however moderate spinal stenosis but with no neural foraminal narrowing seen. On the same date, the patient underwent an MRI of the left knee without contrast, and this revealed a large tear of the body of the anterior horn of the lateral meniscus with degenerative changes at the medial meniscus seen with no medial meniscal tear. She also had a tiny Baker's cyst with cartilaginous thinning as well as mild degenerative changes of the lateral femoral condyle posteriorly. The patient had a series of five Supartz injections for the left knee in December 2012. On May 9, 2012, she had an L4-L5 interlaminar epidurogram with interpretation. The patient was seen again on March 17, 2013 whereupon she was following up after doing some therapy and had done well but had a flare-up of pain in the knee. A previous peer review was non-certified for physical therapy stating there were no musculoskeletal deficits that could not be addressed with home exercise. Supartz was non-certified due to the lack of documentation of a diagnosis of osteoarthritis that is not responded adequately to standard non-pharmacologic and pharmacologic treatments. The physical therapy request was modified. The Supartz was non-certified due to the lack of the osteoarthritis criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 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 Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient... Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary and appropriate.

Supartz injection (series of 3) 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) Treatment Index, 11th Edition (Web 2013): Knee and Leg Chapter, Supartz (Hyaluronate), 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, Hyalgan/Synvisc Knee Injections.

Decision rationale: The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient however has no documentation of a

clinically significant osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. The request is not medically necessary and appropriate per MTUS guides.