

Case Number:	CM14-0024181		
Date Assigned:	06/11/2014	Date of Injury:	02/01/2010
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a 61 year old male who was injured on 02/01/2010 when he moved a firefighter who weighed more than 200 lbs, putting him in a vehicle. Prior treatment history has included synvisc injections, chiropractic therapy which has provided relief of his symptoms and physical therapy. The patient underwent a right elbow cubital tunnel release and anterior subcutaneous ulnar nerve transposition on 10/25/2013. Progress report dated 01/22/2014 indicated the patient complained of mild to moderate cervical pain which became intermittently severe with sitting. He also complained of occasional moderate lumbar pain. On exam, cervical range of motion exhibits extension at 40 degrees with pain; left rotation at 70 degrees with pain; right rotation at 80 degrees with pain, left lateral flexion at 25 degrees with pain; right lateral flexion at 30 degrees with pain. Thoracolumbar range of motion exhibits flexion at 80 degrees with pain; extension at 25 degrees with pain; left lateral flexion at 25 degrees with pain; right lateral flexion at 30 degrees with pain. Diagnoses are myalgia and myositis, cervical sprain/strain and lumbosacral sprain/strain. Orthopedic evaluation note dated 01/20/2014 reported the patient is making progress with his physical therapy. It is noted that the patient is totally temporally disabled. Prior utilization review dated 02/04/2014 states the request for additional chiropractic therapy twice a week for 6 weeks for the lumbar and cervical spine, additional physical therapy twice a week for 6 weeks for the right elbow, Synvisc one injection 6 ml into bilateral knees is denied as there is no documented measurable functional improvement and there is no clear indication stating how long the injection provided him with relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 6 FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy.

Decision rationale: According to the CA MTUIS guidelines and ODG, Physical Therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, Allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical therapy. Orthopedic evaluation note on 1/20/14 indicated that the patient was making progress with physical therapy. However, there is no documentation of any improvement in the objective measurements such as pain level, ROM or strength with prior treatments to demonstrate the meaningful effectiveness of physical therapy. Therefore, the medical necessity of repeat PT is not established.

ADDITIONAL CHIROPRACTIC 2 X 6 FOR CERVICAL SPINE AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks may be recommended. Consideration for additional treatment interventions is not warranted, as the medical records have not yet documented the patient's response to previously authorized treatment; that is any improvement in pain level, range of motion, strength or function. Therefore, the medical necessity of additional chiropractic treatments is not established and is not medically necessary.

SYNVISC ONE INJECTION 6 ML INTO BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Procedure Summary, Criteria for Hyaluronic.

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

Decision rationale: CA MTUS guidelines do not discuss the issue. Per ODG guidelines, the Criteria for Hyaluronic acid injections are: Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months and documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no documentations of prior trial of conservative management such as physical therapy and prior injection resulted in any improvement in pain level or ROM. Therefore, the above criteria are not met and thus the request for Synvisc is not medically necessary.