

Case Number:	CM14-0031468		
Date Assigned:	04/09/2014	Date of Injury:	01/09/2013
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 Sports Medicine and is licensed to practice in Texas. 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 56-year-old male with a reported date of injury on 01/09/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of bilateral knee pain. The injured worker rated his pain at 10/10. On exam, the bilateral knee range of motion was to 85 degrees. According to the documentation provided, the injured worker is a candidate for bilateral total knee replacement. The injured worker's diagnoses were not included in the documentation provided for review. The injured worker's medication regimen was not included in the documentation provided for review. The request for authorization of physical therapy (2 x 6-12 visits) for bilateral knees, anti-inflammatory cream, and a series of 3 Euflexxa injections under ultrasound guidance for bilateral knees was submitted on 01/30/2014. The rationale for the request was not provided within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2 X 6- 12 VISITS) FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

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

Decision rationale: According to the California MTUS Guidelines physical medicine is recommended. Physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. According to the documentation provided for review, the injured worker was a candidate for bilateral total knee replacement. The rationale for the request of physical therapy prior to surgical intervention was unclear. Physical therapy is based on the philosophy that it would be beneficial in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. There was a lack of objective clinical findings of functional deficits provided within the documentation. There was a lack of information provided regarding prior conservative care to include the number of prior therapy sessions and the efficacy of that therapy. In addition the guidelines recommend 8-10 visits over 4 weeks, the request for an additional 12 visits exceeds guideline recommendations. Therefore, the request for physical therapy (2 x6 to 12 visits) for bilateral knees is not medically necessary.

ANTI-INFLAMMATORY CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended. Topical analgesics are largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The request for anti-inflammatory cream is unclear as to what exact medication is being requested. There is a lack of documentation related to the rationale for the medication requested by the physician. Therefore, the request for anti-inflammatory cream is not medically necessary.

SERIES OF 3 EUFLEXXA INJECTIONS UNDER ULTRASOUND GUIDANCE FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hyaluronic Acid Injections

Decision rationale: According to the Official Disability Guidelines (ODG), hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatment. According to the Official Disability Guidelines the criteria for hyaluronic acid injections include documented severe osteoarthritis of the knee which may include the following: bony enlargements, bony tenderness, crepitus on active motion, and over 50 years of age. The criteria should also include that pain interferes with functional activities, failure to adequately respond to aspiration injection of intra-articular steroids, and are not currently candidates for total knee replacement. According to the documentation provided for review, the injured worker was a candidate for bilateral total knee replacement. The guidelines do not require ultrasound guidance with the administration of Euflexxa injections. The rationale for the request for Euflexxa injections is unclear. Therefore, the request for a series of Euflexxa injections under ultrasound guidance for bilateral knees is not medically necessary.