

Case Number:	CM14-0032031		
Date Assigned:	03/21/2014	Date of Injury:	11/24/2009
Decision Date:	04/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 11/24/2009. The patient is diagnosed as status post take down of pseudarthrosis and revision with transforaminal lumbar interbody fusion at L4-5 on 04/24/2013, status post anterior/posterior lumbar fusion at L5-S1, solid L5-S1 with adequate decompression, status post removal of hardware at L5-S1 and L4-5 in 08/2010, stenosis with internal disc disruption at L2 through L4, status post lumbosacral reconstruction with residual, bilateral knee musculoligamentous sprain/strain, status post arthroscopy of the left knee, bilateral foot and arch pain, sleep apnea, and internal medical issues. The patient was seen by [REDACTED] on 11/05/2013. The patient reported 8/10 headaches. The patient also reported 5/10 right knee pain and 8/10 left knee pain. Physical examination revealed palpable lumbar spasm, tenderness over the sciatic notch and bilateral trochanteric regions, small effusion in the bilateral knees, tenderness to palpation over the patellofemoral grind, tenderness to palpation of the medial and lateral joint line bilaterally, and soft tissue swelling. Treatment recommendations at that time included aquatic therapy for the lumbar spine and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNVISC INJECTIONS FOR BOTH KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HYALURONIC ACID INJECTIONS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2004, 2ND EDITION, PAGE 337

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspirations of effusions and cortisone injections are not routinely indicated. Official Disability Guidelines state hyaluronic acid injections are indicated for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative care. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. The patient's physical examination of bilateral knees only revealed small effusion. There was no documentation of symptomatic severe osteoarthritis of the knee. There is also no documentation of a failure to respond to conservative treatment or aspiration and injection of intra-articular steroids. Based on the clinical information received, the request is non-certified.

AQUATIC THERAPY FOR BOTH KNEES, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. As per the documentation submitted, the patient has participated in an extensive amount of aquatic therapy to date. The patient continued to report 8/10 pain. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Additionally, there is no indication that this patient requires reduced weight bearing as opposed to land based physical therapy. Based on the clinical information received, the request is non-certified.

TOPICAL CREAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The current request for Topical Creams is non-specific and does not list the type of medications, frequency, or quantity. Therefore the request cannot be determined as medically appropriate, and is non-certified.