

Case Number:	CM14-0035274		
Date Assigned:	06/23/2014	Date of Injury:	09/21/2006
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopedic Surgery 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:

This 63-year-old female sustained an industrial injury 9/21/06, when she twisted her right ankle pushing a cart down a hallway. The patient is status post left total knee replacement on 3/5/13. The 2/20/14 treating physician report cited subjective complaints of left knee grinding noise, intermittent right ankle pain and swelling, and low back pain. The patient had a lumbar epidural injection over a year ago. Right ankle cortisone injection was reported as "still holding". Back exam findings documented limited motion, paraspinal spasms and tenderness, and bilateral positive straight leg raise. Right ankle exam noted pain, swelling, and tenderness with motion. Left knee exam documented medial tenderness and grinding with flexion/extension. The diagnosis was status post left knee replacement with retropatellar scarring, chronic low back pain, and chronic right ankle arthritis. The treatment plan recommended low back epidural injection, left knee arthroscopic release of adhesion, and right ankle injection. The 3/11/14 utilization review denied the requests for lumbar epidural steroid injection, right ankle Supartz injection, and physical therapy. Prior epidural steroid injections had been provided, but there was no documented benefit as required by guidelines for repeat injections. There was insufficient documentation of prior benefit to injections and lack of guideline support for Supartz in the ankle. A request for left knee lysis of adhesions was approved, but it was unclear what body part was to be treated with the requested physical therapy. The patient underwent left knee synovectomy, arthroscopic lysis of adhesions, and manipulation under anesthesia on 3/27/14. The 4/4/14 progress report indicated the patient was doing very well. There was no more crepitance with range of motion. Range of motion was 0-110 degrees. Physical therapy was requested for 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: Under consideration is a request for lumbar epidural steroid injection. The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain. Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Repeat diagnostic blocks are not recommended if there is inadequate response to the first block. No more than two nerve root levels should be injected using transforaminal blocks. Guideline criteria have not been met. There is no current documentation of radiculopathy, non-specific low back pain is reported. There is no indication of a specific nerve root level to be injected. There is no indication that the patient has been non-responsive to other conservative measures. There is no documentation of benefit or duration of benefit with past lumbar epidural steroid injections. Therefore, this request for outpatient lumbar epidural steroid injection is not medically necessary.

Supartz injection to right ankle: 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).

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

Decision rationale: Under consideration is a request for Supartz injection to the right ankle. The California MTUS is silent regarding these injections in chronic ankle injuries. The Official Disability Guidelines state that hyaluronic acid injections for the ankle are not recommended. Patient selection criteria are provided, if the provider and payor agree to perform these injections anyway. Indications include patients who experience significantly symptomatic osteoarthritis and fail to adequately respond to standard pharmacologic and non-pharmacologic treatment, and are not candidates for total ankle replacement or have failed previous ankle surgeries. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment directed to the right ankle had been tried and failed. A right ankle cortisone injection was reported as "still holding". Therefore, this request for Supartz injection to the right ankle is not medically necessary.

Physical therapy, QTY:12.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Under consideration is a request for 12 visits of physical therapy. The California Post-Surgical Treatment Guidelines for knee manipulation under anesthesia suggest a general course of 20 post-operative visits over 4 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This patient underwent left knee synovectomy, arthroscopic lysis of adhesions, and manipulation under anesthesia. This is the initial request for post-operative physical therapy and consistent with guideline recommendations. Therefore, this request for physical therapy, QTY: 12.00, is medically necessary.