

Case Number:	CM14-0043033		
Date Assigned:	06/30/2014	Date of Injury:	03/02/2010
Decision Date:	07/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 Pain 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:

This is a 44-year-old female patient with a date of injury on 03/02/2010. The mechanism of injury was not provided. Diagnoses include lumbar herniated nucleus pulposus, right knee patellofemoral pain, and left shoulder impingement. There is limited documentation provided, which includes handwritten progress notes of limited legibility. On 03/18/14, the patient reported subjective complaints of low back pain with bilateral lower extremity pain, increased pain with prolonged sitting/standing. The patient also complained of right knee pain with "pop." Objective findings revealed right knee positive patellofemoral crepitus, 1+ effusion, positive patellofemoral grind, positive medial joint line pain. Lumbar spine examination revealed positive spasm, positive (illegible) pain. Plan was to undergo a series of 3 Euflexxa injections to the right knee and physical therapy for the lumbar spine and right knee 26. Progress note dated 12/20/13 referenced the patient having 2 visits of physical therapy with some improvement to the low back with muscle spasm. Detailed treatment history was not provided. There are no medications listed on any of the notes. There are no diagnostic studies included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Series: three (3) injections to Right Knee: 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 and Leg, Hyaluronic acid injections.

Decision rationale: The ODG guidelines state that for Hyaluronic acid injection of the knee there must be Documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria, which requires knee pain and at least 5 of the following: Bony enlargement; bony tenderness facility; crepitus (noisy, grading sound) on active motion; erythrocyte sedimentation rate (ESR) less than 40 MM/hr; less than 30 minutes of morning stiffness; no palpable warmth or synovium; over 50 years of age; rheumatoid factor less than 1:42 titer (agglutination method); Synovial fluid signs (clear fluid of normal this callosity and WBC less than 2000/MM3). In this case, documentation provided for review does not identify the patient having a diagnosis of symptomatic severe osteoarthritis of the knee that has not responded adequately to standard non-pharmacologic and pharmacologic treatments. A detailed treatment history was not included for review. There was reference to 2 sessions of providing improvement; however, no documentation regarding, any total sessions have been completed. There are no medications listed on any of the progress notes to support that the patient has failed standard pharmacological treatments. There were no imaging or diagnostic studies included for review. Therefore, Euflexxa Series: three (3) injections to the right knee are not medically necessary and the request is not medically necessary.

Physical Therapy for Right Knee and Lumbar Spine: Two (2) times a week for six (6) weeks: Upheld

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

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

Decision rationale: The California MTUS recommends: Allow for fading of treatment frequency plus active self-directed home physical medicine. The patient's injury is chronic (date of injury in 2010) and physical therapy has been performed in the past. The exact number of sessions previously authorized and attended was not provided, nor is there a description regarding response to prior physical therapy including goal achievement and functional benefit. Other alternative conservative treatment rendered was not documented, and there was no description of current or previous medications tried and failed. There is no rationale describing why the patient needs to return to supervised physical therapy rather than continuing with a fully independent home exercise program. The quantity of requested sessions is not identified and the request. Therefore, physical therapy for the right knee and lumbar spine 2 times per week for 6 weeks is not medically necessary and is not medically necessary.