

Case Number:	CM14-0050461		
Date Assigned:	06/25/2014	Date of Injury:	01/16/1992
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal 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:

The patient is an injured worker with a right knee condition. The date of injury was 01-16-1992. The primary treating physician's progress report was dated on 01-28-2014. The subjective complaints were that the injured worker had left shoulder pain, right shoulder pain, left hip pain, right hip pain, left knee pain, right knee pain and right ankle pain level that has remained unchanged since the last visit. She reports that her right knee pain level has increased. She does not report any change in location of pain. The injured worker reports that she is tolerating her medication, home exercises, physiotherapy. The physical examination showed the injured worker has stooped and antalgic gait. Inspection of the right knee joint reveals no deformity, swelling, quadriceps atrophy, asymmetry or malalignment. The McMurray's test is positive. A patellar apprehension test is negative. The patellar tilt test is negative. The right knee is stable to valgus stress in extension and at 30%. The right knee is stable to varus stress in extension and at 30%. The injured worker had a negative anterior drawer, Lachman test and a negative pivot shift test. The injured worker also had a negative posterior drawer test and reverse pivot shift test. Tenderness to palpation is noted over the medial joint line. Apley's compression test is positive. Distal and proximal pulses are palpable. No joint effusion noted. Noble's test is negative. The neurological examination showed the injured worker alert and oriented to time, place, person and purpose. The motor exam showed 5/5 bilateral upper and lower extremity with the exception of reduced both shoulders of 4/5 reduced both grip, right knee flexion 130 degrees, extension 0 degrees. The injured worker's physical impression was occipital neuropathy, occipital neuralgia, musculotendinoligamentous injury C/S, disc bulging C/S, radiculopathy C/S, carpal tunnel syndrome left, osteoarthritis knee both, osteoarthritis shoulder, bursitis shoulder, internal derangement knee both, wrist derangement left, internal derangement shoulder left, shoulder scapula-thoracic musculo-tendinous injury both, disc bulging L/S, lumbar facet arthropathy,

stenosis L/S, radiculopathy L/S, adhesive capsulitis frozen shoulder, bicipital tendosynovitis shoulder both, impingement syndrome shoulder both, lateral epicondylitis elbow both, ganglion cyst wrist dorsal left, rotator cuff tear shoulder left, pes planus foot both, hallux valgus right, sacroiliac dysfunction, shoulder arthroscopy on 2/14/13 left, acromioclavicular sprains and strains both, rotator cuff tendinitis shoulder both, musculotendinoligamentous injury shoulder, tendinoligamentous injury wrist left, tendinoligamentous injury knee both, sprain/strain sacroiliac ligament, musculotendinoligamentous sprain t/s, musculotendinoligamentous sprain/strain l/s, sprains and strains of lumbar, knee replacement left. Treatment recommendations included the injured worker to be referred to Home Help for 3 days per week for 4 weeks and for Hyalgan injections to the right knee (series of 5 injections (injected once a week)). The referral form dated 01-28-2014 documented Home Help referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan injections, 5 injections to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines, Knee and Leg (Acute and Chronic) chapter and Pain (Chronic) chapter.

MAXIMUS guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic) chapter.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), do not address this clinical situation. The ODG presents criteria for Hyalgan (hyaluronate) hyaluronic acid injections for severe osteoarthritis. Medical records did not document significantly symptomatic osteoarthritis. The ACR criteria for severe osteoarthritis were not met. There was no documentation of bony enlargement, Crepitus (noisy, grating sound) on active motion, erythrocyte sedimentation rate (ESR) less than 40 mm/hr, less than 30 minutes of morning stiffness, no palpable warmth of synovium, rheumatoid factor less than 1:40 titer (agglutination method), and synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³). There was no documentation of failure to respond to aspiration and injection of intra-articular steroids. The medical records demonstrated that the patient did not meet the ODG criteria for Hyalgan (hyaluronate) injection of the right knee. The 3rd edition of the ACOEM Occupational medicine practice guidelines: Evaluation and management of common health problems and functional recovery in workers (2011) Table 2 Summary of Recommendations for Managing Knee Disorders addresses Hyaluronic acid injections for knee disorders, which states Hyaluronic acid injections is not recommended. Therefore, the request for Hyalgan injections, 5 injections to the right knee is not medically necessary.

Home health 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) and Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states home health services are recommended only for medical treatment for patients who are homebound. The medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The primary treating physician's progress report 01-28-2014 documented a referral for Home Help. The use of the word help suggests a request for homemaker and personal care services, which are not endorsed by the MTUS guidelines. No rationale for Home Help was given. No specific interventions were detailed. The injured worker is not homebound. The MTUS guidelines and medical records do not support the medical necessity of home help or home health. Therefore, the request for home health 3 times a week for 4 weeks is not medically necessary.