

Case Number:	CM14-0068387		
Date Assigned:	07/14/2014	Date of Injury:	02/27/2009
Decision Date:	08/13/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old female with a work injury dated 2/27/09. The diagnoses include bilateral knee internal derangement, snapping scapula, left shoulder, Left shoulder surgery, 08/2010 . Under consideration is a request for Active Release Techniques (ART) (left rhomboid) (2x 3) and Synvisc injections of the right knee (1x3). There is a 4/19/14 office visit document that states that the patient was diagnosed with very high blood pressure and was seen in the emergency room. On exam there is right knee tenderness. On examination of the left shoulder, there is pain and spasm in the rhomboid. The treatment plan includes ART treatment to the rhomboids in the left shoulder and also right knee Synvisc injections. The patient is reported as temporarily totally disabled. There is a 5/8/14 document that states that the last x-ray study of the right knee is from March 2009 and the physician is recommending a current to right knee x-ray. A 12/3/13 document states that per the available records, MRI scans of both knees in 2010 revealed chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active Release Techniques (ART) (left rhomboid) (2 x 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC/Hip and Pelvis Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) :Active release technique (ART) manual therapy.

Decision rationale: Active Release Techniques (ART) (left rhomboid) (2 x 3) is not medically necessary per the ODG guidelines. The MTUS did not address active release techniques. The ODG neck or shoulder chapter did not address ART therapy. Therefore the ODG hip and pelvis chapter was reviewed. The ODG states that active release techniques are under study. The guidelines state that while this is one of many possible techniques used in manual therapy, there are no specific high quality published studies to support use of Active Release Technique (ART). Without evidence of efficacy for this treatment in the current guidelines the request for Active Release Techniques (ART) (left rhomboid) (2 x 3) is not medically necessary.

Synvisc injections of the right knee (1 x 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC/Knee and Leg Procedure Summary.

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 chapter, Hyaluronic acid injections.

Decision rationale: Synvisc injections of the right knee (1 x 3) is not medically necessary per the ODG guidelines. The MTUS does not specifically address Synvisc injections. The ODG states that the patient must experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies. The documentation does not reveal complete criteria of documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria. There are no actual imaging studies of the knee submitted in the documentation. The current request is not supported per the Official Disability Guidelines and therefore Synvisc injections of the right knee (1 x 3) is not medically necessary.