

Case Number:	CM14-0122124		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2003
Decision Date:	04/14/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 58 year old female, who sustained an industrial injury on 3/31/03. She has reported low back pain, left knee pain, neck pain and bilateral wrist pain. The diagnoses have included chronic low back pain secondary to spondylosis, left knee pain, chronic opioid therapy, bilateral carpal tunnel syndrome and neck pain. Treatment to date has included medial branch blocks, physical therapy, oral medications and topical medications. Currently, the injured worker complains of limited standing and sitting with interrupted sleep. Physical exam noted tenderness on palpation of left knee joint line medially with decreased range of motion to the lumbar spine with pain upon extension. Medial branch blocks were successful with 50% pain relief. On 7/2/14 Utilization Review non-certified Myoscience, left knee, noting the records submitted did not elaborate on left knee complaints as well as objective findings to substantiate the request. The MTUS, ACOEM Guidelines and ODG were cited. On 8/1/14, the injured worker submitted an application for IMR for review of Myoscience, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myoscience, Left knee: Upheld

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

<http://www.painphysicianjournal.com/2013/may/2013:16:E315-E324.pdf>Infrapatellar Saphenous Neuralgia-Diagnosis and Treatment, Andrea Trescot, MD; Michael Brown, MD; and Helen W. Karl, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of osteoarthritis resistant to initial pharmacologic therapy, by Kenneth Kalunian, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain since 2003. The patient is opioid dependent. The pain resides in the lower back, the neck, both wrists, and the L knee. The diagnosis for the L knee pain is osteoarthritis of the knee. The treating physician requests Myoscience for the knee. This treatment uses nitrous oxide in its gaseous state. There is no evidence from the peer-reviewed medical literature that shows that this form of therapy is either safe or effective in treating osteoarthritis. It is considered investigational and is not recommended at this time. Recommended treatment for osteoarthritis of the knee involves rest, splinting, weight loss, strengthening of lower extremity muscles, acetaminophen, NSAIDS, and opioids for the short-term management of exacerbations of knee pain. Myoscience of the knee is not medically indicated.