

<b>Case Number:</b>	CM14-0159150		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

60 year old female claimant with an industrial injury dated 12/21/01. The patient is status post a left knee surgery as of 09/14/13. Exam note 09/30/14 states the patient returns with left hand pain. The patient explains experiencing numbness in the whole left hand. The patient also experiences pain in the neck, back, left shoulder, left wrist, right hip, the bilateral knees, and the left foot. The patient explains that the left thigh pain has increased since the left knee surgery. Upon physical exam there was tenderness surrounding the left thigh. The left knee range of motion has decreased and resulted in pain. Left hip range of motion is also diminished with pain. The patient's lower extremities pulses are intact on both the left and right and the patient is noted to be ambulatory. Light touch sensation in the right mid-anterior thigh, right mid-lateral calf, and right lateral ankle are intact. Treatment includes a left knee arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Synvisc Injection:** 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 injection.

**Decision rationale:** CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee and patients who have failed 3 months of conservative nonpharmacologic (e.g. exercise) and pharmacologic treatments or are intolerant of these therapies. As there is no documentation of failed conservative therapy and radiographic documentation of severe osteoarthritis in the exam note from 9/30/14, the determination is for non-certification.

**Follow-up Pain Medicine [Chronic Pain]:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 9/30/14 does not demonstrate any objective evidence or failure of conservative care to warrant a follow up pain medicine referral. Therefore the determination is for non-certification.

**Follow-up Orthopedist [C/S, T/S, L/S, Left 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 9/30/14 not demonstrate any objective evidence or failure of conservative care to warrant a follow up orthopedist referral. Therefore the determination is for non-certification.

**Follow-up Hand Surgeon [Left Wrist]:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note from 9/30/14 does not demonstrate any objective evidence or failure of conservative care to warrant a hand surgeon referral. Therefore the determination is for non-certification.

**Medications [unspecified]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case a unspecified medication is requested and therefore does not meet any evidence based treatment guidelines. Therefore determination is for non-certification.

**C/S Shockwave 1x6:** 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) Low Back section, Shock Wave Therapy.

**Decision rationale:** CA MTUS/ACOEM/ODG is silent on the issue of shockwave therapy for the neck. Alternative guidelines were sought. Per the ODG Low Back section, Shock Wave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Therefore determination is for non-certification.

**Retro Extracorporeal Shockwave Treatment x 4 [DOS 7/7/14, 07/14/14, 7/21/14, 7/28/14] [Lumbar Spine Pain]:** 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) Low Back, Show Wave therapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shockwave therapy for the low back. Per the ODG Low Back section, Shock Wave therapy, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged." Therefore determination is for non-certification.