

<b>Case Number:</b>	CM14-0187538		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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:

This 57 year old female sustained a crush injury to the right foot area on 12/15/11. Prior to this incident the injured worker has had slip and fall incidents times two in 1999 involving the low back and 2002 with injury to the left shoulder and right side of her body both of which she was able to return to full work duties after occupational and physical therapy. As of 5/7/14 she continues to have pain on palpation of the posterior tibial tendon and mid-arch area and across the dorsum of the foot. Her right ankle is swollen and exhibits decreased range of motion on dorsiflexion along with weakness in plantarflexion and inversion and dorsiflexion and eversion. Lower extremities demonstrate paresthesias in the medial aspect of the right and left leg and the dorsum of the right foot. Motor strength in the hip, knees and ankles are 4/5. Proactive tests were abnormal. In addition she has difficulty sleeping due to spasms and anxiety. Her treatment includes the wearing of Crocs and a flexible foot strapping, heat, massage, ice and relaxation. Her medications includes Naprosyn, biofreeze, Norco, Valium, pantoprazole and tizanidine. The diagnoses include crushing injury of the right ankle and foot, pain in joint of ankle and foot, contusion of the foot and difficulty walking and neuroma second, third space of the right foot and plantar fasciitis. The 5/27/14 documentation includes symptoms involving episodic right hand pain, low back pain, constant right and left hip pain when working, constant left and right knee pain and episodic right and left ankle pain. The pain level ranged between 5-10/10. The right hand and low back pain impacted function 40 and 30% respectively. The injured worker continues with full regular work duties. Documentation date 6/24/14 indicates that the injured worker had alcohol injection which was helpful for four to five days. She has developed traumatic neuromas of the right foot exhibiting burning and numbness of the toes and soft tissue swelling in between the web spaces. A request for MRI of the right foot was submitted. Due to the current symptoms the injured worker has some difficulty with dressing, driving, grooming

and sexual activities. On 7/31/14 the MRI of the right foot revealed a second space neuroma and a small ganglionic cyst next to the tibialis anterior insertion. On 8/25/14 radiographs of bilateral knees, weightbearing revealed moderate incompartamental osteoarthritis. On 9/22/14 the injured worker had a surgical consult for excision of neuroma. On 9/24/14 treatment includes possible intra-articular joint injections to both knees, bilateral knee braces and a course of physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation ODG, Online Edition, Chapter: Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, physical therapy times 12 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). Medical treatment for arthritis includes nine visits over eight weeks. In this case, the workers a 57-year-old woman with an injury sustained on December 15, 2011. The injured worker had a right knee arthroscopy with repair and chondroplasty and February 24 2009. (Predating the industrial injury) The patient was treated with medications, chiropractic, and physical therapy from February 25, 2012 to May 8, 2012 which provided some relief. The injured worker as of September 24, 2014 has persistent complaints of bilateral knee pain. The treating physician on a September 24, 2014 progress note indicated he was going to request the "course of physical therapy for quads, hamstrings, guest brought strengthening to help stabilize her needs, reduction of inflammation, pain and swelling with modalities as needed such as ultrasound and electric stimulation. This recent request was for 12 visits of physical therapy. The total number of prior physical therapy visits are unclear and not documented in the medical record. There is no documentation containing objective functional improvement with prior physical therapy that took place between February 25 of 2012 and May 8 of 2012. The injured worker should be able to perform home exercises (as a result of continuing physical therapy performed in 2012). Additionally, these injuries appear to be progressive and chronic on page 102 of the record. There is no evidence of an acute exacerbation. Consequently, after the appropriate documentation with clinical indications, additional physical therapy times 12 sessions is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence based guidelines, physical therapy times 12 is not medically necessary.

#### **Series of Three Intra-articular Injections to the reight knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Online Edition, Chapter: Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Hyaluronic acid injections

**Decision rationale:** Pursuant to the Official Disability Guidelines, a series of three intra-articular injections to the right knee (hyaluronic acid) is not medically necessary. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients have not responded adequately to recommended conservative treatments (exercise, nonsteroidal anti-inflammatory drugs or acetaminophen) to potentially delay totally knee replacement. There is insufficient evidence for other conditions including patellofemoral arthritis, chondromalacia patellae, osteochondritis desiccans, when patellofemoral syndrome. Criteria for hyaluronic acid injections include, but are not limited to, patients experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g. exercise) and pharmacologic treatment or are otherwise intolerant to those drug therapies, after at least three months; pain interferes with functional activities. In this case, the injured worker's working diagnoses are internal derangement of the knees bilaterally; degenerative joint disease of the knees; mild gait instability; and trochanteric bursitis on the right. A review of the medical record did not contain documentation the injured worker was exercising or walking on a regular basis. Additionally, the injured worker received physical therapy back in 2012. There was no clinical documentation indicating she was using a home-based exercise regimen based on physical therapy. Although the injured worker received physical therapy back in 2012 along with subjective improvement, there is no clinical documentation indicating she responded objectively. There has been no recent physical therapy. The record does not support the injured worker responded adequately to conservative nonpharmacologic (e.g. exercise) modalities. Consequently, a series of three intra-articular injections to the right knee (hyaluronic acid) is not medically necessary.