

Case Number:	CM14-0187955		
Date Assigned:	11/18/2014	Date of Injury:	10/26/2006
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 individual is a 49 year old male who developed cervical, lumbar, bilateral knee and ankle problems subsequent to an injury dated 10/26/06. He has been diagnosed with bilateral knee pain subsequent to 4 right knee surgeries with eventual right total knee replacement and moderate to severe left knee osteoarthritis. He has also been diagnosed with a cervical radiculopathy with supportive MRI findings. He complains of low back pain without a radiculopathy on clinical exam, nor is it expected from MRI findings. The treating physician's narrative on 10/22/14 states that he will be injecting the patient's left knee with steroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa Series, to the left knee, quantity 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 (ODG)

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

Decision rationale: MTUS Guidelines do not address this issue. Official Disability Guidelines address this issue and recommend very specific criteria be met prior to these injections. One of

the criteria is that there should be a failure of steroid injections. The physician's narrative states that steroid injections were planned, but there is no evidence of this being completed. Guidelines do not support three Euflexxa injections under these circumstances. Therefore, this request is not medically necessary.

Spine surgeon consultation for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Consultation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The MTUS ACOEM Practice Guidelines support surgical consultation for persistent spinal problems with evidence of neurological compromise. This individual meets this criteria based on clinical exam and the MRI findings provided. Therefore, the requested spine surgeon consult is medically necessary.

Physical therapy for the lumbar spine, quantity 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Guidelines support limited physical therapy for the low back and or chronically painful conditions; however it appears that there has been extensive prior therapy without much benefit. The requesting physician does not review prior therapy or state why he thinks this will result in a different outcome. Additional information may support therapy, but at this time it does not appear consistent with the MTUS guidelines. Therefore, this request is not medically necessary.

Trigger Point Injections, quantity 3, myofascial region/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines have very specific standards regarding trigger point injections. One of these standards is that there has to be well described isolated "trigger points". The requesting physician states there is diffuse myofascial tenderness, but no trigger points are documented. Under these circumstances, the request does

not meet guideline standards. Therefore, the requested the trigger point injections, quantity 3, are not medically necessary.

Toradol Injection 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not support the use of Toradol for chronic conditions. There is no documented evidence of any significant acute change in this individual's condition or diagnosis. The use of Toradol is not guideline supported in these circumstances. Therefore, the requested Toradol injection 30mg is not medically necessary.