

Case Number:	CM14-0190702		
Date Assigned:	01/06/2015	Date of Injury:	11/23/2010
Decision Date:	02/10/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The injured worker (IW) is a 40-year-old woman with a date of injury of November 23, 2010. The mechanism of injury occurred when the IW was working as a C.N.A assisting a 300-pound woman who was on a plastic toilet. She sustained a twisting type injury and injured her left knee and subsequently has developed an antalgic gait, injured her left hip, and was thought to have trochanteric bursitis. The injured worker's working diagnoses are left hip greater trochanteric bursitis; left lateral thigh strain; left knee pain; chondromalacia patella left knee; and right knee pain. Pursuant to the progress reports dated December 30, 2014, the IW complains of left lateral hip pain, left lateral thigh pain, and left knee pain. The pain is located long the anterior aspect of the knee and is aggravated by prolonged standing, walking, kneeling, stooping, and squatting. She complains of occasional popping and clicking of the left knee. As a result of overusing the right side and preferentially weight bearing on the right side, she has developed the gradual onset of similar symptoms on the right side, including pain and clicking. Examination of the left hip reveals tenderness along the left greater trochanter. The left thigh has an area of mild tenderness and induration along the mid lateral left thigh. The left hip flexes 110 degrees, externally rotates 30 degrees, internally rotates 20 degrees, abducts 40 degrees, and adducts 20 degrees with trochanteric discomfort at each limit. Examination of the left knee reveals tenderness along the medial patellar facet. The medial and lateral joint lines were non-tender. There was no laxity or instability. The IW has already received 1 series (3 injections) of Euflexxa injections for the left knee. There was marked benefit. A progress note dated October 2, 2014 indicates the IW was authorized for physical therapy for the left hip. However, the authorization for physical therapy expired and a request for extension was submitted. According to a progress note dated July 16, 2014, the treating physician states, "The patient has failed physical therapy and the surgical procedures and she continues to have symptoms in both her left hip and her left knee". The

documentation is unclear as to whether the IW received physical therapy on the left hip and whether the October 2, 2014 authorization for physical therapy with additional physical therapy. There is no documentation with any physical therapy progress notes or documentation indicating objective functional improvement prior physical therapy. The current request is for 12 physical therapy sessions for the left hip, and 1 series of Euflexxa injections under ultrasound guidance to the left knee, #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 12 sessions to the left hip is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient was moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The frequency and duration of physical therapy are numerate it in the official disability guidelines according to injuries sustained. In this case, the injured worker's working diagnoses are left hip pain; left hip greater trochanteric bursitis; and left knee pain. A progress note dated October 2, 2014 indicates the injured worker was authorized for physical therapy for the left hip. However, the authorization for physical therapy expired and a request for extension was submitted. A July 16, 2014 progress note has an entry that states "the patient has failed physical therapy and the surgical procedures and she continues to have symptoms in both her left hip and her left knee. The documentation is unclear as to whether the injured worker received physical therapy on the left hip and whether the October 2, 2014 authorization for physical therapy with additional physical therapy. There is no documentation with any physical therapy progress notes or documentation indicating objective functional improvement prior physical therapy. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, physical therapy 12 sessions to the left hip is not medically necessary.

One series of Euflexxa injections under ultrasound guidance for the left knee: 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), Knee & Leg (Acute & Chronic)

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, one series of Euflexxa injections under ultrasound guidance to the left knee is not medically necessary. Ultrasound guidance for knee joint injections is not generally necessary. Ultrasound may be considered when there is a failure of the initial attempt at knee joint injection where the provider is unable to aspirate any fluids; the size of the patient's knee, to the morbid obesity or disease process; and draining the popliteal (Baker's) cyst. 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 Tylenol). Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dessicans, or patello-femoral arthritis. The criteria for hyaluronic acid injections are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are left hip pain, left hip greater trochanteric bursitis; and left knee pain. The injured worker underwent left knee surgery. The operative report was not available. Reportedly, the injured worker completed three hyaluronic acid injections in the left knee and the "sticking in the knee" has stopped the injured worker has pain in the right knee as she has been compensating. Left knee radiographs showed slight narrowing in the medial compartment but no significant sclerotic changes. There were no loose bodies appreciated on the plain film. The progress notes do not contain documented symptomatic severe osteoarthritis of the knee. There were no objective findings of bony enlargement, bony tenderness, crepitus or palpable warmth of the synovium in the documentation. Chondromalacia patellae, documented in a December 30, 2014 progress note, is not an indication for the injections. Additionally, ultrasound guidance for injection is generally not necessary. Consequently, the injured worker did not meet the criteria for hyaluronic acid injections and ultrasound guidance is not clinically indicated according to the Official Disability Guidelines. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, one series of Euflexxa injections under ultrasound guidance to the left knee is not medically necessary.