

<b>Case Number:</b>	CM14-0193286		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old male with an injury date of 04/29/12. Based on the 05/06/14 Agreed Medical Evaluation, the patient complains of pain in his left ankle and left foot. There is aching, soreness, weakness, and stiffness in the foot. The patient also has pain in his left calf, mid back, and lower back. He describes his mid and lower back pain as being aching, soreness, and tightness. He has sleep difficulties. The patient has a significant limp on his left side and he has difficulty ambulating. There is swelling of the left ankle and stiffness with left ankle mobility. The patient complains of activities such as bathing, dressing, showering, and self-hygiene activities. The patient is currently taking Pravastatin, Zestril, Motrin, Synthroid, and Ambien. There is no list of diagnoses provided, nor is it known what medications the patient is taking. The utilization review determination being challenged is dated 10/20/14. There was one short Agreed Medical Evaluation provided from 05/06/14. No other treatment reports were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synvisc 3ml Injection times three (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), Ankle and Foot Chapter, Hyaluronic acid injections

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

**Decision rationale:** According to the 05/06/14 Agreed Medical Evaluation, the patient presents with pain in his left ankle and left foot. The request is for Synvisc 3 ml Injection Times Three (3). The report with the request was not provided. MTUS is silent on Synvisc injections. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' state Hyaluronic acid injections are, "Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best." ODG further states that this study assessing the efficacy of intra-articular injections of hyaluronic acid (HA) compared to placebo in patients with osteoarthritis of the knee found that results were similar and were not statistically significant between treatment groups, but HA was somewhat superior to placebo in improving knee pain and function, with no difference between 3 or 6 consecutive injections. Regarding ultrasound guidance, however, ODG guidelines do not support it unless it is a difficult injection; there is morbid obesity or draining popliteal cyst. Review of reports does not show evidence of prior Synvisc injections. In this case, the treating physician does not document any knee pain and there is no indication of any osteoarthritis the patient may have. The information provided by the treating physician does not meet the criteria as set forth in the ODG guidelines. The requested Synvisc 3 ml Injection is not medically necessary.

**Physical Therapy Treatments; two (2) times per week for four (4) weeks (per DWC form RFA 10/13/14 only):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to the 05/06/14 Agreed Medical Evaluation, the patient presents with pain in his left ankle and left foot. The request is for Therapy Treatments, 2 Times Per Week For 4 Weeks (Per DWC Form RFA 10/13/14 Only). The report with the request was not provided. MTUS pages 98-99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98- 99 continues to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide

monitoring of the patient's progress and make appropriate recommendations. The requested 8 sessions of Physical Therapy is not medically necessary.

**UA, CBC, Chem 12 (per DWC form RFA 10/13/14 only): 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, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** According to the 05/06/14 Agreed Medical Evaluation, the patient presents with pain in his left ankle and left foot. The request is for UA, CBC, Chem 12 (Per DWC Form RFA 10/13/14 Only). The rationale is that "since the request for Synvisc injections are not certified, the requested medical clearance labs including UA, CBC, and Chem 12 are not medically necessary." The report with the request was not provided. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The treater does not provide any reasoning for the request. MTUS states that monitoring of CBC is recommended when patients take NSAIDs. There is no documentation of prescribed medications or if the patient is on NSAIDs in the report provided. The treater has not provided reasoning as to why the patient needs monitoring of CBC and chemistry profile. The request does not meet MTUS recommendations, therefore the requested UA, CBC, and Chem 12 is not medically necessary.