

Case Number:	CM14-0207320		
Date Assigned:	12/19/2014	Date of Injury:	06/29/2012
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/29/12 when, while lifting a heavy load of laundry, she had neck, shoulder, low back, and right lower extremity pain including knee pain. Treatments included over-the-counter non-steroidal anti-inflammatory medication and chiropractic care. She was seen on 01/06/14. She was having ongoing neck, shoulder, low back, and right knee pain. Medications included gabapentin, lidocaine gel, and Norco. Physical examination findings included right knee tenderness with quadriceps and cervical and lumbar trigger points. Trigger point injections were performed. Medications were refilled. She was seen for an orthopedic evaluation on 05/22/14. Physical examination findings included decreased and painful cervical and lumbar spine range of motion. There was generalized tenderness and swelling of the right knee with limited and painful flexion. Authorization for a right knee cortisone injection was requested. On 10/07/14 she was having ongoing symptoms. Imaging results were reviewed with findings of multilevel lumbar degenerative changes and right knee chondromalacia with a meniscal tear. Physical examination findings included increased knee pain and swelling and pain with flexion. Authorization for a series of viscosupplementation injections and for physical therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone/Supartz Injection right knee X3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 339, 346, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Hyaluronic Injections-Knee chapter

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, shoulder, low back, and right knee pain. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings of chondromalacia with a meniscal tear. Therefore, the requested series of injections was not medically necessary.

H-wave, iontophoresis with physical therapy once weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, shoulder, low back, and right knee pain. H-wave stimulation can be considered only following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has not yet begun physical therapy treatment and therefore this request was not medically necessary.

Oral, transdermal antiinflammatories, analgesics and supplemental medications to modulate pain and reduce the need for stronger medications: 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 Introduction Page(s): 6-7.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, shoulder, low back, and right knee pain. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medications being prescribed are not specified and therefore, as this request was submitted, was not medically necessary.

