

Case Number:	CM14-0207996		
Date Assigned:	12/19/2014	Date of Injury:	04/18/2013
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 is a female patient with a date of injury of April 18, 2013. A utilization review determination dated December 5, 2014 recommends non-certification of Viscosupplementation injections x3, and physical therapy for the lumbar spine 3x4. A progress note dated October 24, 2014 identifies subjective complaints of right knee pain with a pain level of 6/10, left knee pain rated at a 5/10, and low back pain with right greater left lower extremity symptoms rated at a 5/10. The patient is able to maintain activities of daily living with the use of medication at the current doses. The patient is also able to maintain recommended exercise level due to the medications. The patient uses hydrocodone for "severe" and "breakthrough pain". The patient reports improved range of motion with NSAIDs. Cyclobenzaprine helps decrease spasms for an average of 5 hours with improved range of motion and decreased pain. The physical examination identifies tenderness of the right knee, and tenderness of the left knee, tenderness of the lumbar spine with limited range of motion, spasm of the right calf musculature and lumboparaspinal musculature decrease. The diagnoses include right knee arthroscopy on 12/2/2013, and rule out meniscal pathology/internal derangement of the right knee. The treatment plan recommends physical therapy for the lumbar spine at 3 times per week for 4 weeks with an emphasis on active therapy, a request for Viscosupplementation series of three for the right knee as the right knee condition is refractory to treatment, continue LSO and TENS, a prescription for hydrocodone 10/325 #270, a prescription for naproxen sodium 550 mg #90, a prescription for pantoprazole 20 mg #90, a prescription for cyclobenzaprine 7.5 mg #90, and a request for a random toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injections x 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: Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Regarding the request for viscosupplementation injections x3, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure o

Decision rationale: Regarding the request for viscosupplementation injections x3, Occupational Medicine Practice Guidelines do not contain specific criteria regarding the use of hyaluronic acid injections. ODG states that hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. Within the documentation available for review, there is no documentation of failure of conservative treatment including physical therapy and steroid injections. Additionally, there is no listed diagnosis of severe osteoarthritis. As such, the currently requested viscosupplementation injections x3 are not medically necessary.

Physical therapy for lumbar spine 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.

