

Case Number:	CM15-0009212		
Date Assigned:	01/27/2015	Date of Injury:	03/08/2001
Decision Date:	03/18/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 8, 2001. In a Utilization Review Report dated December 13, 2014, the claims administrator failed to approve a request for a personal athletic trainer and partially approved a request for five Supartz injections to the left knee and three Supartz injections to the right knee. The claims administrator noted that the applicant had a history of prior knee surgery. The applicant had also undergone a knee manipulation under anesthesia procedure as well as several lumbar epidural steroid injections. The claims administrator noted that the applicant had completed extensive physical therapy over the course of the claim. A December 8, 2014 RFA form was referenced in the determination. On May 20, 2014, the applicant reported ongoing complaints of knee pain. The applicant was given diagnosis of bilateral knee arthritis, right greater than left. Permanent work restrictions were renewed, it was stated in one section of the note. Additional physical therapy was ordered. The attending provider stated that the applicant was on "complete temporary disability," it was acknowledged in another section of the note. In an RFA form dated December 8, 2014, both viscosupplementation injection therapy and a personal athletic trainer were sought. In an associated progress note dated December 3, 2014, the applicant reported ongoing complaints of knee pain and knee stiffness reportedly attributed to knee arthritis. The applicant was 61 years old. The applicant was apparently working with a personal trainer. The applicant was having difficulty performing activities of daily living as basic as shopping, standing, walking, and lying down. The applicant was using Motrin, Ultracet, Soma, Restoril, and Lyrica, it was

acknowledged. The applicant had received right total knee arthroplasty and a left knee arthroscopy. The applicant received multiple knee manipulation under anesthesia procedures. Viscosupplementation injections were sought for the applicant's left knee arthritis. On May 20, 2014, the applicant's treating provider gave the applicant diagnosis of posttraumatic degenerative joint disease of the left knee. The applicant was no longer working, it was acknowledged. The applicant was given a 47% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal Athletic Trainer 3x weekly for 1 year: 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 and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

Decision rationale: No, the request for a personal athletic trainer thrice weekly for one year was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS Guideline in ACOEM Chapter 5, page 83 also states that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. Thus, both ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines seemingly espouse the position that exercise programs and gym memberships are articles of applicant responsibility as opposed to articles of payer responsibility. It is further noted that the applicant has apparently received treatment via the personal trainer, despite the unfavorable MTUS positions on the same. The applicant has, however, seemingly failed to demonstrate any significant benefit through previous usage of the personal trainer in terms of the functional improvement parameters established in MTUS 9792.20f. The applicant was/is off of work, despite previous provision with the usage of a personal trainer reported on an office visit of December 3, 2014. The applicant remains dependent on a variety of opioid and non-opioid medications, including Soma, Ultracet, Motrin, Lyrica, etc., despite previous usage of the personal trainer. The applicant reported difficulty performing activities of daily living as basic as sitting, standing, walking, shopping, and lying down, despite previous usage of the personal trainer. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the same. Therefore, the request was not medically necessary.

Supartz Injection left knee, quantity 5: 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 and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Knee Chapter, Knee Pain and Osteoarthritis section: "Intra-articular knee viscosupplementation injections are recommended for treatment of moderate-to-severe knee osteoarthritis. Indications for discontinuation-a second "or third" injection is not generally recommended if there are adverse effects or the clinical result consist of a significant reduction or resolution of symptoms."

Decision rationale: Similarly, the request for five Supartz (viscosupplementation) injections to the left knee was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that viscosupplementation injections are recommended for treatment of moderate-to-severe knee osteoarthritis, as was/is present here, ACOEM qualifies its recommendation by noting that a second or third injection is not generally recommended if there are adverse effects or the clinical result consist of a significant reduction or resolution of symptoms. Thus, ACOEM, by implication, does not espouse a series of five injections without intervening assessments of the applicant so as to ensure a favorable response to the same before moving forward with the decision to pursue further injections. As written, however, the request implies that the attending provider and/or applicant would receive five consecutive injections, without any proviso to gauge the effects of the first injection before moving forward with the remaining injections. Therefore, the request was not medically necessary.