

Case Number:	CM15-0018017		
Date Assigned:	02/05/2015	Date of Injury:	01/16/1992
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 70-year-old female who reported an injury on 01/16/1992. The mechanism of injury was not specifically stated. The injured worker is diagnosed with occipital neuropathy, musculotendinoligamentous injury, cervical disc bulge, cervical radiculopathy, adjustment reaction with depression and anxiety, chronic pain, carpal tunnel syndrome, osteoarthritis of the knee, osteoarthritis of the shoulder, bursitis of the shoulder, internal derangement of the knee, wrist derangement, shoulder derangement, shoulder scapulothoracic musculotendinous injury, difficulty walking, lumbar disc bulge, lumbar facet arthropathy, lumbar stenosis, lumbar radiculopathy, adhesive capsulitis, bicipital tenosynovitis, impingement syndrome, lateral epicondylitis, ganglion cyst, rotator cuff tear, pes planus of the foot, hallux valgus, sacroiliac dysfunction, insomnia, shoulder arthroscopy on 02/14/2013, acromioclavicular sprain, rotator cuff tendinitis, shoulder musculotendinoligamentous injury, sacroiliac sprain, and status post left knee replacement. The injured worker presented on 12/23/2014 with complaints of persistent low back pain, bilateral shoulder pain, bilateral hip pain, bilateral knee pain, and bilateral ankle pain. Previous conservative treatment includes home exercise and medication management. The injured worker was pending authorization for a home health care aide, an EMG of the upper extremity, and hyalgan injections. The current medication regimen includes Anaprox 550 mg, Prilosec 20 mg, Zofran 8 mg, Zanaflex 4 mg, MS Contin 15 mg, Norco 5/325 mg, Senokot, Voltaren 1% gel, and Lunesta 2 mg. Upon examination, there was normal range of motion of the cervical spine, limited range of motion of the bilateral shoulders, normal range of motion of the bilateral elbows, limited range of motion of the left wrist, limited range of motion

of the left knee, and normal range of motion of the bilateral ankles. A urine drug test was performed in the office on that date. Recommendations included a referral for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hyalgan Injection, right knee x 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work loss, www.odg-twc.com, Knee & Leg (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee & Leg Chapter, Hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines recommend hyaluronic acid injections for patients who experience significantly symptomatic osteoarthritis and have not responded adequately to recommended conservative treatment. There should be documentation of a failure to respond to appropriate conservative treatment to include aspiration and injection of intra-articular steroids. In this case, there was no documentation of symptomatic severe osteoarthritis of the knee. There was no mention of a recent attempt at any conservative treatment for the right knee to include aspiration and injection of intra-articular steroids. Therefore, the request is not medically appropriate.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss, www.odg-twc.com, Knee & Leg (acute & chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. Patients should exhibit motivation to change and willingness to forego secondary gains. Negative predictors of success should be addressed. Total treatment duration should not generally exceed 20 full day sessions. In this case, the injured worker was pending authorization for hyalgan

injections. There was no documentation of an exhaustion of conservative treatment. The specific frequency or duration of treatment was not listed in the request. Therefore, the request is not medically appropriate.