

<b>Case Number:</b>	CM15-0190146		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/17/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 51 year old female who sustained an industrial injury on 03-17-2015. According to an initial orthopedic evaluation dated 08-17-2015, the injured worker reported pain to the volar aspect of the right wrist on the ulnar side that was associated with numbness of the right hand that mainly occurred at night. Pain was more significant in the region of the right thumb and middle finger. She also reported generalized aching pain in the neck posteriorly. She reported a gradual onset of pain in the right knee which increased "substantially" with standing and walking. According to the provider, the injured worker was on multiple medications including nonsteroidal anti-inflammatory medications. She ambulated with a slight limp on the right side. There was soreness in the area of mid and lower paracervical regions with negative vertical compression test, slight decreased range of motion of the neck. Examination of the right hand demonstrated tenderness in the area of the flexor carpi ulnaris and the area of carpal bones. Phalen's test or wrist flexion test was positive and Tinel sign was positive in the median nerve. There was significant weakness with opposition of the thumb with fingers. Finkelstein's test was negative. Range of motion of the right wrist was slightly limited. Examination of the left hand demonstrated tenderness in the flexor carpi ulnaris and in the carpal bones. There was a positive Phalen's. Tinel signed was positive for the median nerve. There was significant weakness with opposition of the thumb with fingers. Finkelstein's test was negative. Examination of the right knee-leg demonstrated significant scarring in the upper right leg as well as scarring medial and lateral to the patella with positive crepitation test of the right knee, but no effusion. There was no instability, but there was limitation with range of motion to 100 degrees and associated with a

complaint of pain as well as tenderness of the joint lines. X-rays of the cervical spine showed minor degenerative changes. X-rays of the right wrist were normal. X-rays of the right knee showed marked narrowing of the medial and lateral joint spaces of the right knee with some subchondral cystic formation and decreased patellofemoral joint space. Impression included myeloligamentous sprain strain of neck, clinical subjective and subjective support for carpal tunnel syndrome on the right, flexor tendinitis of right wrist and significant arthritis of right knee. The treatment plan included series of Supartz injections x 5 ultrasound guided and physical therapy. She was unable to return to work for 4 weeks. An authorization request dated 08-18- 2015 was submitted for review. The requested services included physical therapy 2 times a week for 4 weeks and Supartz injections under ultrasound guidance 1 time a week for 5 weeks. On 09- 03-2015, Utilization Review modified the request for physical therapy 2 times a week for 4 weeks, neck, right hand and right knee and non-certified the request for Supartz Injections under ultrasound guidance times 5 for right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 4 weeks, neck, right hand and right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for

fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the documents available for review, the injured worker meets the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.

**Supartz Injections under ultrasound guidance time 5 for right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Hyaluronic Acid Injections.

**Decision rationale:** According to the official disability guidelines, hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for injured workers who have not responded adequately to recommended conservative treatments such as exercise, NSAIDs or acetaminophen after 3 months. Other criteria include, age over 50 years, pain that interferes with functional activities (ambulation, prolonged standing) and not attributed to other forms of joint disease, failure to respond to aspiration and injection of intra-articular steroids, are not currently candidates for total knee replacement or who have failed previous knee surgery for their arthritis, unless younger patients wanting to delay total knee replacement. According to the documents available for review, the injured worker does not have a diagnosis of severe osteoarthritis. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.