MAXIMUS Federal Services

Case Number:	CM15-0208762		
Date Assigned:	10/27/2015	Date of Injury:	08/22/2014
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old individual with an industrial injury dated 08-22-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right ankle sprain, right knee osteoarthritis, right knee subluxation of the patella, and small disc herniation at L4-5 with left neuroforaminal stenosis. In progress report dated 08-12-2015, the injured worker complained of low back pain with associated stiffness, lack of motion, and numbness and tingling in lower extremities. The injured worker also reported right knee pain, right ankle with swelling & stiffness and incontinence; however, no correlating clinical findings presented. Objective findings (08-12-2015) revealed pain to palpitation of the paravertebral musculature from the occiput to the sacrum including the lower back, decrease lumbosacral spine range of motion, and pain in the lower back with range of motion. The treating physician reported Magnetic Resonance Imaging (MRI) study on 12-18-2014 revealed mild degenerative disc disease with a posterior disc bulge at L4-5 to the left. According to the progress note dated 08-28-2015, the injured worker reported low back pain with radiation of pain to bilateral lower extremities with numbness and tingling and urinary incontinence. The injured worker reported great relief from the epidural injection for lumbar spine pain and that the pain is now increasing. Objective findings (08-28-2015) revealed ambulation with right knee brace and a limp, right knee active range of motion with pain and tenderness at patella. According to the progress note dated 09-09-2015, the injured worker uses a sit down walker, lives alone with no help in pain, and uses a back brace. Some documents within the submitted medical records are difficult to decipher. Objective findings (09-09-2015) revealed decrease range of motion in the right knee

with pain and back pain with decrease range of motion. Treatment has included diagnostic studies, prescribed medications, epidural injection, at least 5 physical therapy sessions and periodic follow up visits. The injured worker is on temporary total disability. The utilization review dated 09-25-2015, non-certified the request for physical therapy (back, ankle, right knee) 2 times weekly for 3 weeks, 6 sessions, a synvisc injection for right knee and home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. The patient does not appear homebound as the patient attends office visits independently without person assist. There is no specific deficient performance issue evident as it is reported the patient has no documented specific deficiency with the activities of daily living. Reports have unchanged chronic symptoms without clear progressive neurological deficits identified for home therapy. Submitted reports have not demonstrated support per guidelines criteria for treatment request. The Home health care (unspecified frequency and duration) is not medically necessary and appropriate.

Synvisc injection, right knee: 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 - 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) Knee, Hyaluronic Acid Injections, pages 311-313.

Decision rationale: There are no recent x-ray findings reported. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for

the higher molecular weight products. Guidelines recommends intra-articular Hyaluronic acid injections as an option for severe osteoarthritis, it is reserved for those with failed non-pharmacological and pharmacological treatments or is intolerant to NSAIDs therapy with repeat injections only with recurrence of severe symptoms post-injection improvement of at least 6 months, not demonstrated here. Additionally, Hyaluronic injections may be indicated for osteoarthritis of the knee, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Submitted reports have not demonstrated clear supportive findings for the injection request, failed conservative treatment trial including previous cortisone injections if any, nor identified functional improvement of at least 6 months from prior injections rendered in terms of decreased pharmacological profile, treatment utilization or increased ADLs. The Synvisc injection, right knee is not medically necessary and appropriate.

Physical therapy, back/ankle/right knee, 2 times weekly for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Physical therapy guidelines; Low Back - Physical therapy guidelines; Knee & Leg - Physical Medicine Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy, back/ankle/right knee, 2 times weekly for 3 weeks, 6 sessions is not medically necessary and appropriate.