

Case Number:	CM15-0217884		
Date Assigned:	11/09/2015	Date of Injury:	01/23/2004
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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, Florida, 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 injured worker is a 70 year old male who sustained an industrial injury on 1-23-04. A request for authorization is dated 10-21-15 and lists a diagnosis of osteoarthritis. Subjective complaints (10-14-15) include pain went up to a 4 out of 10 when taking the garbage out, cannot sleep well at night, shoulder pain is rated at 3 out of 10, quality of life is affected and cannot do things with his grandson that he wants to do. On (6-10-15), the worker reports physical therapy cut his pain down significantly and the physician notes (6-10-15) the recommendation is for physical therapy, non-operative treatment and if there is more pain in the future, they may have to revisit the surgery issue. Objective findings (10-14-15) include the elevates to 140, abducts to 80, external rotation to 50, internal rotation to L2, is tender over the acromioclavicular joint and biceps, and there are positive Yergason's, Speed's and O'Brien's tests. Previous treatment includes at least 6 visits of physical therapy (and the worker reports "he is better"), anti- inflammatories, and narcotics. A physical therapy prescription for treatment of the right shoulder is dated 10-21-15. On 10-23-15, the requested treatment of physical therapy 2 times a week for 6 weeks and Orthovisc x3 injections (Hyaluron or derivative, Orthovisc, for intra- articular injection, per dose) was modified to certify 6 visits of physical therapy.

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 6 weeks: Upheld

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

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

Decision rationale: This claimant was injured in 2004. A request for authorization is dated 10-21-15 and lists a diagnosis of osteoarthritis. Previous treatment included at least 6 visits of physical therapy. The worker reported "he is better" but there is no delineation of objective, documented functional improvement. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary and was appropriately non-certified.

Orthovisc times 3 injections (Hyaluronan or derivative, orthovisc, for intra-articular injections, per dose): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines. ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, under Hyalgan/Synvisc Knee Injections.

Decision rationale: As shared previously, this claimant was injured in 2004. A request for authorization is dated 10-21-15 and lists a diagnosis of osteoarthritis. Previous treatment included at least 6 visits of physical therapy. The worker reported "he is better" but there is no delineation of objective, documented functional improvement. The exhaustion of conservative care to the knees, or whatever joints would receive the injections, is not specified. The MTUS is silent on these injections. The ODG note these injections are recommended as an option for osteoarthritis. They note that patients with moderate to severe pain associated with knee osteoarthritis OA that is not responding to oral therapy can be treated with intra-articular injections. The injections are for those who experience significantly symptomatic osteoarthritis but have not responded adequately to standard non-pharmacologic and pharmacologic

treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications). This patient however has no documentation of osteoarthritis, which is the specific condition that evidence-based studies have shown the injections are helpful for. The request is not medically necessary and was appropriately non-certified per MTUS guides.