

<b>Case Number:</b>	CM15-0032632		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 63-year-old female who reported an injury on 01/06/2011 due to an unspecified mechanism of injury. On 02/11/2015, she presented for a follow-up evaluation regarding her work related injury. She stated that her pain was unchanged and rated at a 7/10. She was noted to be taking meloxicam, but stated that it made her dizzy and gave her GI upset. She was also taking ibuprofen and Vicodin at bedtime. A physical examination showed that she ambulated with a cane. The cervical spine showed stiff range of motion and diffuse cervical spine tenderness. The right shoulder and arm showed tenderness to the right trapezius muscle and negative drop and impingement tests. Lumbar spine range of motion was documented as 50 degrees with flexion and 0 degrees with extension. There was diffuse lumbar paravertebral musculature tenderness with spasm and sitting straight leg raise was negative bilaterally. The right hip showed slight tenderness and stiff hip motion. Sensation was noted to be intact in the bilateral upper and lower extremities. She was diagnosed with shoulder arthritis, shoulder acromioclavicular joint arthritis, joint pain in the shoulder, elbow arthralgia, joint pain in the forearm, hip arthralgia, cervical degenerative disc disease, lumbar spine degenerative disc disease, thoracic spine degenerative disc disease, cervicalgia, thoracic spine arthralgia, low back syndrome, adhesive capsulitis of the shoulder, hip bursitis, and other tenosynovitis of the wrist and hand. The treatment plan was for pain management consultation, 12 sessions of aqua therapy, viscosupplementation injections to the knee, corticosteroid injections to both shoulders and both knees. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specialist consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** The Official Disability Guidelines state that the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's signs and symptoms, clinical stability, and reasonable physician judgment as well as their physical therapy findings. The documentation provided does not show that the injured worker has any significant functional deficits or concerning examination findings that would support the request for a pain management consultation. Also, a clear rationale was not stated for the medical necessity of a pain management consultation with a separate physician. Without this information, the request would not be supported. Therefore, the request is not medically necessary.

**Twelve sessions of aqua therapy two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The California MTUS Guidelines state that aquatic therapy is recommended as an alternative to land based physical therapy when reduced weight bearing is desirable. There is a lack of documentation showing that the injured worker has a condition where reduced weight bearing would be desirable. There is also no clear rationale for the medical necessity of aquatic therapy rather than land based physical therapy as does not appear that the injured worker is incapable of doing physical therapy. Furthermore, the body part that aquatic therapy is being requested for was not documented within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Viscosupplementation injections to the knee (series of 3 injections to each 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 (ODG), Criteria for Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic Acid Injections.

**Decision rationale:** The California ACOEM Guidelines do not routinely recommend the use of knee injections. The Official Disability Guidelines only recommend hyaluronic acid injections for those with severe symptomatic osteoarthritis who have failed all recommended conservative care. There was a lack of documentation showing that the injured worker has tried and failed all recommended conservative therapy options to support the requested intervention. Also, there was a lack of documentation showing that the injured worker has severe osteoarthritis of the knee. Furthermore, clarification is needed regarding which knee would be receiving the injections. Without this information, the request is not supported. Therefore, the request is not medically necessary.

**Corticosteroid injections to both shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Steroid Injections: Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California ACOEM Guidelines state that injections into the shoulder have limited proven value, but state that if there is pain with elevation that significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy. There was a lack of documentation showing that the injured worker has tried and failed recommended conservative treatments to support the requested intervention. Also, documentation showing that the injured worker has significant functional deficits of the bilateral shoulders was not provided for review and a physical examination was only performed of the right shoulder. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Corticosteroid injections to both knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The California /ACOEM Guidelines do not recommend the use of knee injections. There was a lack of documentation showing that the injured worker has tried and failed all recommended conservative therapy options to support the requested intervention. Also, injections into the knee are not recommended by the guidelines do to the risk for infection. Therefore, the request is not medically necessary.

