MAXIMUS Federal Services

Case Number:	CM15-0236587		
Date Assigned:	12/14/2015	Date of Injury:	09/03/2011
Decision Date:	01/21/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/03/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 9-3-2011. His diagnoses, and or impressions, were noted to include: degenerative lumbar disc disease; lumbosacral facet joint arthropathy; left knee "ACL" tear and hemi-arthrosis of the left knee; and ankle arthropathy. No current imaging studies were noted; electrodiagnostic studies of the bilateral lower extremities were said to have been done on 6-9-2014, noting no evidence of lumbar radiculopathy. His treatments were noted to include: bilateral ankle surgeries (2013); left knee arthroscopy (2012) (and previously in 2002); an agreed medical evaluation and multiple qualified medical evaluations (2013 - 2015); nerve blocks; epidural steroid injections; TENS unit therapy; physical therapy; acupuncture therapy; chiropractic therapy; psychological-hypnosis therapy with biofeedback; medication management with urine toxicology screenings; and being classified as permanent and stationary. The progress notes of 11-10-2015 reported: continuous trauma injuries with several complaints and areas of injury; included for this evaluation were the back, bilateral ankles and left knee; pain across the low back that radiated up into the mid back, increased with prolonged activity; very significant pain in the left knee with increased with standing, walking and lying down, along with the inability to fully straighten the left knee; and bilateral ankle pain, mostly the top and lateral ankles, with numbness-pain in the bilateral feet, which increased with weight bearing; failed left "ACL" repair resulting in pain and difficulty walking; that his pain was rated a 6-8 out of 10. The objective findings were noted to include: an elevated blood pressure; moderate distress with anxiety; an antalgic gait; pain to the bilateral lumbar facets and lumbar inter-vertebral discs and paravertebral muscles, with positive trigger

points, and pain with flexion of 15 degrees; some loss of muscle tone in the left lower leg; diffuse hypoesthesia in the feet; reduced reflexes in the heels; diffuse left knee parapatellar and posterior tenderness; and boney changes to the bilateral ankles, with reduced plantar flexion and dorsiflexion. The physician's requests for treatment were noted to include: 3 left-sided knee Orthosis injections, and physical therapy, with other treatment modalities, in addition to medications and injections to manage his pain. The Request for Authorization, dated 11-10-2015, included: left knee Orthovisc injections, x 3, under ultrasound; 12 acupuncture treatments; and 12 chiropractic treatments. The Utilization Review of 11-25-2015 non-certified the request for: 12 acupuncture treatments for the lumbar spine, and 3 left knee Orthovisc injections under ultrasound; and modified the request for 12 chiropractic treatments for the lumbar spine, to 6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the lumbar spine Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, acupuncture was noted to have been tried before, but resulted in no pain relief, and no functional gains were reported related to acupuncture. It was not clear why acupuncture would be requested again for this worker considering this fact. Therefore, this request for acupuncture will be considered medically unnecessary.

Chiro to the lumbar spine Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum

of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, there is record of having had pain relief with previous chiropractor sessions, however, there was no report on functional benefit or number of sessions completed prior to this request for 12 additional sessions. So, it is not clear from the record if this request is appropriate or not. Therefore, this request will be considered medically unnecessary until evidence of appropriateness is presented.

Left knee orthovisc injections under ultrasound Qty: 3.00: 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), Knee and Leg (Acute & Chronic) - 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 and Leg section, Hyaluronic acid injections.

Decision rationale: The MTUS Guidelines do not mention hyaluronic acid injections for the knee. The ODG, however, states that they are recommended as a possible option for severe osteoarthritis for those patients who have not responded adequately to recommended conservative treatments such as exercise and NSAIDs or acetaminophen and steroid injections for the purpose of delaying total knee replacement surgery, although the overall benefit from trials seems to be modest at best. There is insufficient evidence for using hyaluronic acid injections for other conditions besides severe osteoarthritis, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Also, repeat injections are generally allowed in cases where significant benefit was documented for more than 6 months after the previous injection. In the case of this worker, there was report of left knee pain, however, there was no diagnosis listed in the notes for severe osteoarthritis or physical findings or imaging which were suggestive of this to warrant hyaluronic acid injections to the left knee. Therefore, this request for left knee orthovisc injections under ultrasound will be considered medically unnecessary. Also, ultrasound is not needed for knee injections.