

<b>Case Number:</b>	CM13-0031795		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60 year old claimant with an industrial injury of 1/16/12. An MRI lumbar spine dated 2/24/12 demonstrates multilevel disc degeneration without neural impingement except for mild to moderate stenosis on the right secondary to foraminal extension of disc bulge and right facet arthropathy at L4/5. An MRI of the right knee dated 8/9/13 demonstrates articular cartilage within the medial and lateral compartments are within normal limits. An exam from 9/12/13 demonstrates no objective clinical findings. An MRI of the right shoulder demonstrates degenerative changes of the acromioclavicular joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **VISCOSUPPLEMENTATION INJECTION SERIES OF 3 TO THE RIGHT KNEE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for knee and leg.

**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, Hyaluronic Acid Injections.

**Decision rationale:** The ODG criteria for viscosupplementation is for documented severe osteoarthritis of the knee which is not present in this case. The MRI of the right knee from 8/9/13 does not demonstrate osteoarthritis. Therefore the request is not medically necessary and appropriate.

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER TWO TIMES PER WEEK FOR TEN WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Regarding physical medicine, the MTUS Chronic Pain Guidelines recommend, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For unspecified myalgia and myositis, Guidelines recommend 9-10 visits over 8 weeks. Guidelines recommend 8-10 visits over 4 weeks for unspecified neuralgia, neuritis, and radiculitis. For reflex sympathetic dystrophy, 24 visits over 16 weeks are recommended by the MTUS Chronic Pain Guidelines. There is insufficient evidence in the medical records provided for review of prior duration and response to physical therapy to the right shoulder. Additionally, the request for two sessions per week for ten weeks of physical therapy exceeds the MTUS Chronic Pain Guidelines' recommended number of visits. The request is therefore not medically necessary and appropriate.

**RIGHT KNEE WRAP AROUND BRACE WITH HINGES AND STRAPS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Knee.

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

**Decision rationale:** According to the ODG, knee braces are recommended for knee instability, ligament insufficiency, articular cartilage repair or avascular necrosis. In this case, none of the diagnoses above are present. The most recent exam note from 9/12/13 does not demonstrate any objective findings with regards to the right knee. The MRI of the right knee from 8/9/13 does not demonstrate any evidence of significant pathology. Therefore the request is not medically necessary and appropriate.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** Regarding imaging studies the ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this particular patient there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from 9/12/13. There is no documentation in the medical records provided for review of nerve root dysfunction or failure of a treatment program such as physical therapy. The request is not medically necessary and appropriate.