

Case Number:	CM14-0122222		
Date Assigned:	09/05/2014	Date of Injury:	11/15/2007
Decision Date:	10/09/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 58-year-old male who reported injury on 11/15/2007. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbago, sciatica, and right wrist pain. Past medical treatment consist of the use of a TENS unit, injections of intra-articular steroids, physical therapy, and medication therapy. On 07/08/2014, x-rays of the right hand were taken. There was no documentation on having any x-rays or imaging studies done on the knee. On 07/22/2014, the injured worker complained of low back and right wrist pain. Physical findings noted a flexion of 60 degrees, extension at 20 degrees, radial deviation at 40 degrees, ulnar deviation of 30 degrees with severe pain and extension. The injured worker had pain with direct palpation at the TFCC, but had no pain at the scapholunate interval. It was noted that the injured worker had pain with direct palpation at the 5th CMC joint. There was a positive grind test at this joint. Physical examination of the lumbar spine revealed that there was diffused tenderness, a forward flexion at 18 degrees hands to the floor, extension of 30 degrees, and lateral bend to the left and to the right was 30 degrees. Straight leg raise leg raise bilaterally was positive at 90 degrees. Using pinprick and light touch, the injured worker had decreased sensation along the L5 dermatomes bilaterally. Neurological examination of both lower extremities demonstrated hypoesthesia to pinprick and light touch bilateral lower extremities along the S1 dermatome. Motor strength was 4/5 to the left extremity, 4/5 to the EHL, EDL, anterior tibialis, peronei posterior tib, and plantar flexion of the right lower extremity. The injured worker demonstrated 4/5 strength of the right quadriceps and hamstring. The treatment plan is for the injured worker to continue use of Pennsaid, receive aqua therapy, and also to receive knee injections. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid for knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Pennsaid Page(s): 111.

Decision rationale: The request for Pennsaid for knees is not medically necessary. Diclofenac, the equivalent of Pennsaid, is recommended for osteoarthritis after failure of oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk for risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms of osteoarthritis to knees. Diclofenac would be recommended for treatment of osteoarthritis and tendonitis of the knee, elbow, or other joints that are amenable to topical treatment. The included medical documents lacked any evidence of the injured worker having any contraindications to oral pain medications, and also lacked evidence that these medications failed to meet the provider's expectations of pain relief. The included medical documentations did not suggest objective symptoms of osteoarthritis and tendonitis of the knee for the injured worker. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Pennsaid for knees is not medically necessary.

Aqua Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): Page 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 98-99; 22.

Decision rationale: The request for Aqua Therapy is not medically necessary. The California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate that treatment for myalgia and myositis is 9 to 10 visits and for neuralgia, neuritis, radiculitis, it is 8 to 10 visits. Guidelines also recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is especially recommended where reduced weight bearing is desirable, for example, extreme obesity. There was a lack of documentation in the submitted records as to why the injured worker would benefit from aquatic therapy. There were no functional impairments currently noted on the injured worker's physical examination. Furthermore, there was no rationale as to why the injured worker would not benefit from inland based home exercise program. Additionally, the request as submitted did not specify a frequency or duration of aquatic therapy. Given the above, the injured worker is not

within the MTUS recommended guidelines. As such, the request for Aqua Therapy is not medically necessary.

Knee Injections with hyaluronidase: 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), Treatment Index, 11th Edition (web), 2013, Knee, 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, Synvisc injection (Hyaluronic injections).

Decision rationale: The request for Knee Injections with hyaluronidase is not medically necessary. Official Disability Guidelines recommend Synvisc injections (hyaluronidase injections) as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs, or acetaminophen), to potentially delay total knee replacement, but in recent quality studies, the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence of other conditions, including patellofemoral arthritis, Chondromalacia patella, osteochondritis dissecans, or patellofemoral syndrome. Guidelines also state there should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable worth of synovium, or over 50 years of age, if pain interferes with functional activities and not attributed to other forms of joint disease. The submitted report lacked evidence of failure of conservative care. There was also no evidence as to a diagnosis of severe osteoarthritis in the injured worker's knees. Given the above, the injured worker is not within the MTUS recommended guidelines. Furthermore, the request as submitted did not indicate which knee was going to receive the injections. As such, the request for Knee Injections with hyaluronidase is not medically necessary.