

Case Number:	CM14-0134486		
Date Assigned:	09/03/2014	Date of Injury:	01/05/2012
Decision Date:	10/09/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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 59 year-old female who reported a work related injury on 01/05/2012. The mechanism of injury was not provided for review. The diagnoses consist of bilateral knee degenerative joint disease and bilateral knee strain/sprain injury. Past treatment has included a series of Synvisc injections to the right knee, which was noted to be of "great help". Upon examination on 07/17/2014, the injured reported a decrease in pain and discomfort in her right knee. She stated she was able to get in and out of the car much easier. The injured worker had a positive Apley's test with local tenderness. Range of motion to the knee was noted to be near full. The prescribed medications included Ultram, Mobic, Flexeril, Metformin, and Ketoprofen. The treatment plan was a recommendation for a synvisc injection to the left knee as the right knee had a great response. The rationale for this request was for pain. The request for authorization was submitted on 07/17/2014. An additional request was submitted for electro acupuncture infrared heat myofascial release for a lumbar disc infusion. The request for authorization was signed on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synvisc Injection to the left knee #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Knee & Led Procedure Summary

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

Decision rationale: The Official Disability Guidelines state hyaluronic acid injections are indicated for injured workers experiencing significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacologic treatments or are intolerant of these therapies, after at least 3 months. There should be documented symptomatic severe osteoarthritis of the knee, which may include the following: bony enlargement; bony tenderness; crepitus (noisy, grating sound) on active motion; less than 30 minutes of morning stiffness; no palpable warmth of synovium; and over 50 years of age. Injections may be indicated for injured workers whose pain interferes with functional activities. The documentation provided indicates that the injured worker had synvisc injections to the right knee which yielded beneficial results. Physical exam findings included a positive Apley's test and tenderness. The injured worker has a diagnosis of bilateral knee degenerative joint disease. However, the documentation does not clearly specify which knee the physical exam findings pertain to. Without clear objective findings, the necessity of a synvisc injection to the left knee is not established. In addition, the request is for injection #3. There is a lack of documentation regarding the previous injections to evaluate for a positive response. As such, the request for synvisc injection to the left knee is not medically necessary.

Electro acupuncture infrared heat myofascial release 2 x 3 #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Infrared therapy

Decision rationale: The request for decision for electro acupuncture infrared heat myofascial release 2 x 3 #6 is not medically necessary. According to the California MTUS Guidelines, acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. More specifically, the Official Disability Guidelines state Infrared therapy (IR) is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care such as exercise. In regards to the injured worker, the injury was sustained over two years ago. Within the documentation, knee pain was documented. However, there was no documentation in regards to back pain. The documentation did not provide any information pertaining to prior conservative care treatments and any deficits that may indicated the injured worker had a need electro acupuncture infrared heat myofascial release 2 x 3 #6. Detailed documentation pertaining to the injured worker's functional deficits and prior conservative therapy to intervene with the pain back would need to be provided to determine the

necessity of acupuncture. Without clear documentation the request for electro acupuncture
infrared heat myofascial release 2 x 3 #6 is not medically necessary.