

Case Number:	CM15-0072200		
Date Assigned:	04/22/2015	Date of Injury:	03/02/2010
Decision Date:	06/04/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female, who sustained an industrial injury on 03/02/2010. The injured worker is currently diagnosed as having right knee degenerative joint disease and right shoulder impingement. Treatment and diagnostics to date has included medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of right knee and shoulder discomfort. The treating physician reported requesting authorization for Orthovisc series, physical therapy for right shoulder, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthovisc injections, series of 3 injections for right 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), 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 Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections.

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with increased pain to the bilateral knees. The request is for ORTHOVISC INJECTIONS, SERIES OF 3 INJECTIONS FOR RIGHT KNEE. Patient's diagnosis per Request for Authorization form dated 02/20/15 included right knee degenerative joint disease, and right knee lateral facet compression. Physical examination to the right knee on 01/20/15 revealed tenderness, atrophy, and pain to medial joint line. Painful range of motion 0-110 degrees, and strength 4/5. Patient remains off-work, per 02/17/15 treater report. Treatment reports were provided from 11/11/14 - 02/17/15. Progress reports were handwritten and difficult to interpret. ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter, under Hyaluronic acid injections states: Recommended 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. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. Treater has not provided medical rationale for the request. In this case, medical records provide no imaging or discussions that confirm 'severe arthritis' to warrant orthovisc injection. ODG recommends hyaluronic injections for patients that have significant osteoarthritic knee pain, and is not recommended for facet joint arthropathy. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine, topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with increased pain to bilateral shoulders and bilateral knees. The request is for LIDODERM PATCH 5% #30. Patient's diagnosis per Request for Authorization form dated 02/20/15 included right knee degenerative joint disease, right knee lateral facet compression, and bilateral shoulder impingement. Physical examination to the right shoulder on 01/20/15 revealed pain to acromioclavicular joint, and positive pain overhead and with range of motion. Positive Impingement and Hawkin's tests. Examination to the right knee on 01/20/15 revealed tenderness, atrophy, and pain to medial joint line. Painful range of motion 0-110 degrees, and strength 4/5. Patient remains off-work, per 02/17/15 treater report. Treatment reports were provided from 11/11/14 - 02/17/15. Progress reports were handwritten and difficult to

interpret. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Review of records from 11/11/14 - 02/17/15 do not show evidence of prior use of Lidoderm patches. Treater has not provided reason for the request, nor indicated what part of the body would be treated. There is no documentation of how Lidoderm patch is or will be used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. In this case, the patient has knee pain, for which topical Lidocaine patch would be indicated, but patient also has shoulder pain. Lidoderm patch is not indicated for shoulder conditions. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Physical therapy for right shoulder, two times a week for six weeks (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

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

Decision rationale: Based on the 01/20/15 progress report provided by treating physician, the patient presents with increased pain to bilateral shoulders. The request is for PHYSICAL THERAPY FOR RIGHT SHOULDER, TWO TIMES A WEEK FOR SIX WEEKS (2X6). Patient's diagnosis per Request for Authorization form dated 02/20/15 included bilateral shoulder impingement. Physical examination to the right shoulder on 01/20/15 revealed pain to acromioclavicular joint, and positive pain overhead and with range of motion. Positive Impingement and Hawkin's tests. Patient remains off-work, per 02/17/15 treater report. Treatment reports were provided from 11/11/14 - 02/17/15. Progress reports were handwritten and difficult to interpret. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Per 01/20/15 progress report, the request is for "post-op P.T. 2x6," but there is no documentation that surgery has been authorized in provided medical records. Therefore, the request IS NOT medically necessary.

